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ABSTRACT

The purpose of this manual is to provide a basic guide for governments and other organizations in developing countries who want to either establish vocational assessment and preparation centers or develop training facilities for disabled persons. Contents include: (1) Establishing a Vocational Assessment and Work Preparation Center, (2) Staffing Requirements, Staff Selection, and Duties, (3) Workshop Organization and Procedures, (4) Identification and Selection of Rehabilitees, (5) Case Conference Procedure, and (6) Vocational Training of the Disabled. Appendices providing more detailed information supplement the text. (Author/SN)

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INTERNATIONAL LABOUR OFFICE

VOCATIONAL ASSESSMENT AND WORK PREPARATION CENTRES FOR THE DISABLED

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1970

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INTERNATIONAL LABOUR OFFICE

VOCATIONAL ASSESSMENT AND WORK PREPARATION CENTRES FOR THE DISABLED

An outline of the administration, organisation and work of centres in which short assessment, evaluation and reconditioning courses are provided for the disabled, together with notes on their subsequent vocational training for specific occupations.

ILO
GENEVA
1970

FOREWORD

In presenting this Manual on Vocational Assessment and Work Preparation Centres for the Disabled, the International Labour Office wishes to acknowledge with grateful thanks:

- the help given by the Training Division of the Department of Employment and Productivity, United Kingdom, in preparing an initial draft text;

- the assistance given by the appropriate Departments of the Governments of Denmark, Netherlands, Norway, Sweden, Switzerland and the Federal Republic of Germany, in providing information and arranging field visits to various rehabilitation centres;

- the helpful reports and information provided by many other member States of the International Labour Organisation, and non-governmental organisations throughout the world.

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CHAPTER 1

INTRODUCTION

"Rehabilitation" is a generic term covering the continuous medical, para-medical and vocational processes through which a person who has been disabled by congenital causes, injury or illness can, to the extent possible, achieve his full acceptance as a working member of society and become an integral part of it.

Since the last World War much more attention has been paid to the vocational aspects of rehabilitation and in particular to developing vocational assessment and work preparation courses for the disabled. A number of countries have set up centres specially designed for this purpose or have combined the activities with existing medical rehabilitation services. Centres of this kind are known by a variety of names such as industrial rehabilitation centres or units, assessment centres, observation centres, rehabilitation, re-establishment, work evaluation or preparation centres.

Although the scope of such centres may differ from one country to another, their main objective is to provide short courses (of some six to eight weeks' duration) designed to assess and prepare the disabled for entry or re-entry into suitable vocational training or directly into employment.

The philosophy behind this development is that, if the disabled are to take full advantage of their inalienable right to an equal share of employment opportunities with the non-disabled, then every effort must be made to ensure that the employment they are offered is within their physical and mental capacity. This involves a process of total evaluation of the disabled person - not only of his vocational training and/or employment potential but also of the related medical, social, psychological and educational factors which have a bearing on his working capacity and capabilities.

As comprehensive or team assessment has developed the need for the assessment process to include an evaluation of vocational skills in a realistic work setting has been recognised. Moreover, it has been found that in those cases where disabled persons are new entrants to the labour market or have lost touch with the day-to-day requirements of remunerative employment (i.e. the tempo of work, normal working hours, industrial discipline, etc.) because of prolonged sickness or inactivity, a short period of employment orientation is essential to bring the disabled person up to the standard an employer expects of him. This method of total assessment, embracing a period of vocational preparation, not only ensures that the disabled person is guided into suitable vocational training and/or employment but, equally important, ensures that he is physically and mentally equipped to retain it and thus compete on equal terms with those workers having no disability.

The principal purpose of vocational assessment and work preparation services is to assist a disabled person to:

- change his job with his old employer or find a new employer;
- recover lost skill in handling tools when he has not worked for a long period because of injury or illness;

- recover the ability to work at a reasonable speed for a full day without undue fatigue;

- cope with a new disability, e.g. to try out a damaged limb on realistic work exercises before tackling the demands of normal employment;

- regain confidence in his ability to do a full-time job;

- become accustomed to working a full day in industrial conditions when he has not previously worked.

In many developed countries vocational assessment and work preparation centres have been developed in isolation from vocational training centres of the type described below in Chapter 7, although sometimes they are in the same compound or in close proximity to each other, with a centre manager having over-all responsibility, aided by a rehabilitation officer in charge of vocational assessment and a workshop manager in charge of vocational training. In developing countries, which frequently have insufficient finance or qualified staff to organise arrangements of this kind, it has generally been found preferable to commence operations in a centre which combines both operations on a relatively small scale. Such a centre serves as a "pilot scheme" which could be expanded as circumstances permit.

The purpose of this manual is to provide a basic guide for government and other organisations in developing countries who want to start vocational assessment and preparation centres and/or to develop vocational training facilities for disabled persons. However, it should be understood that, whilst the manual is based largely on experience gained in both developed and developing countries, any country using it would have to adapt the suggestions contained in it to suit its own particular needs.

CHAPTER 2

ESTABLISHING A VOCATIONAL ASSESSMENT AND WORK PREPARATION CENTRE

1. Objectives

In considering the procedure to be adopted in setting up and running a vocational assessment and work preparation centre, it should be borne in mind that the objectives are to:

- help disabled persons to gain or recover working habits;
- give help and guidance on social problems which may be impeding resettlement;
- provide physical reconditioning where necessary;
- provide medical, psychological and vocational assessment of capacity to work in particular types of work;
- build up or restore morale and self-confidence;
- find suitable employment for the individual;
- arrange for vocational training of the rehabilitee, if necessary before obtaining suitable employment.

2. Co-operation With Other Services

In order to establish and develop successfully a centre of this kind it would be necessary to maintain the closest co-operation with and to make the fullest use of existing related services in the country, such as medical and para-medical, social, vocational guidance, vocational training and placement services. In developing countries where services of this kind were minimal or even non-existent, community support for vocational rehabilitation services would have to be obtained. Whether the support came from the government (which would be desirable), a voluntary organisation or from some other body set up for the purpose, such as a society for the rehabilitation of the disabled as a whole or for specific types of disabled persons, support - and particularly financial support - would be necessary before a start could be made.

3. Type of Centre

The decision on the type of centre to build would depend on the rehabilitation services already in existence in the country. For example, if medical and para-medical services were reasonably well established in a hospital it would be advisable, provided land was available to permit building a separate block, to operate it in conjunction with the hospital. This would have the advantages in developing countries that:

- the best possible use could be made of the services of a hospital doctor (on a part-time basis), the social worker and the remedial gymnast who might otherwise be difficult to find;

- the centre's proximity to the hospital would enable patients to spend some time each day in the centre as they progressed until they were able to attend the workshops full time, thus maintaining the continuity of the rehabilitation programme and avoiding the passing of the disabled person from one service to another.

The facilities of the centre would also be open to disabled persons with congenital or long-standing disabilities not responding to medical or surgical treatment. It might be desirable in some cases to provide prosthetic or orthotic appliances but the extent to which this could be done would depend on the availability of such appliances. Where there was a shortage, consideration might be given to methods of increasing the supply.

Where other rehabilitation services were not adequately developed or space was not available, the centre would have to be built as a separate unit, but as near as possible to any existing services.

4. Admission of Different Disability Groups

Disabilities which handicap people in their choice of occupation are many and varied, for example, blindness, deafness, loss of limbs or parts of them, other orthopaedic disabilities, heart weaknesses, tuberculosis, leprosy, mental retardation, psychiatric conditions, etc.

A decision would have to be taken at an early stage on whether the centre should cater for persons with all forms of disability or only for those with specific types of disability, and if the latter, what types.

Where the centre was to be run by a voluntary organisation it would be likely to deal only with particular types of disability, according to the objectives of the particular organisation.

Where the centre would be under the control of a government ministry or department it would be well to admit rehabilitees suffering from as many different kinds of disabilities as possible. The morale of at least some of them would be improved by working alongside others who might be more seriously disabled than they were themselves.

It should be remembered that in the early stages of the development of a vocational rehabilitation programme it would probably be necessary to convince employers that rehabilitated disabled persons could work just as well as the able-bodied. It is suggested that it would be advisable, therefore, at this stage to begin by admitting those who were not too seriously disabled and who appeared likely to benefit from the course and have reasonably good prospects of finding employment after it. The admission of very seriously disabled

persons, whose prospects for employment were limited, should be restricted but might be increased at a later stage when experience had been gained in handling a few of them. Each applicant should complete an application for admission to the centre which might be designed on the lines of the specimen in Appendix I.

If it was proposed to include the blind, whose rehabilitation calls for special techniques, they should be given an orientation course before admission (e.g. mobility training for the newly blinded) so that they might be integrated easily with the other rehabilitees.

5. Location of Centre

The location of the centre would depend on several factors, the primary one being the existence of a number of disabled persons in the area who needed its services. If it was a pilot scheme, it is probable that it should be sited in the capital or some other large town which was, in varying degree, industrialised. If the country was still mainly agricultural with rural craft and cottage industries, it should be sited close to an area providing reasonable prospects of subsequent employment. Wherever it might be, it should be sited in close proximity to existing medical rehabilitation facilities so that there would be easy transfer from medical and para-medical activities to vocational activities and to subsequent placement possibilities.

Financial and staffing limitations might prevent the centre from being started on as large a scale as was desirable so the chosen site should be one which would allow for subsequent expansion of these facilities and provide space for any separate vocational training centre for the disabled which might prove to be necessary (see Chapter 7).

6. Planning the Centre

Having decided on the location of the centre, the next step would be to decide exactly what it was proposed to do in it and how many disabled persons it should be able to cope with at any one time.

It is suggested that the maximum capacity should not exceed 100 places with a daily occupancy rate of about 85 to 90 so that undue strain on the staff would be avoided and some margin would be left to cover staff absences. In some countries the maximum might be limited to 40 to 60 places, the decision being based on local circumstances.

Although financial and staffing considerations might limit the initial operations, it would probably be preferable to plan the centre on the basis of the desirable maximum capacity and see how far funds could be obtained for this purpose. If funds could not be obtained to do this, the initial limited operations should be decided on and the remainder of the plan left for subsequent development as funds become available.

In planning the centre, consideration should be given to:

- the maximum number of rehabilitees at any one course;
- whether or not it would be residential;
- if residential, what hostel or other accommodation would be necessary;
- canteen facilities required in a non-residential centre;
- what medical examination and nursing facilities (if necessary) were to be provided;
- the types of work testing to be introduced;
- what equipment would be required;
- the availability of the necessary professional staff (e.g. social worker, psychologist, etc.);
- how many clerical and ancillary staff would be necessary.

7. Planning the Buildings

(a) Non-Residential Centres

The building plans would require detailed attention whether the premises were specially built for rehabilitation purposes or were adaptations of existing buildings. Whether the premises were owned or rented by the authority establishing the centre, many basic requirements would have to be considered, for example:

- if there was no access road to the site one must be made;
- the type of construction material, e.g. concrete, brick, stone, timber (frequently varying with the availability of materials and/or climatic conditions) must be decided;
- buildings should preferably be single storey with wide doors, and ramps in place of stairs or steps to facilitate wheelchair movement;
- toilet arrangements should be modified to allow for their use by wheelchair cases;
- ventilation, heating, fans or air-conditioning should be provided according to climatic needs;
- workshops should be built away from the administrative and clerical accommodation to prevent machinery noises from interfering with the proper conduct of this type of work.
- paths between the administrative section and the workshops should be covered;

- workshops should be sufficiently large to house the equipment and to facilitate training and supervision;

- if heavy machinery was to be installed, floors must be strong enough to carry the weight;

- dividing walls between workshops, offices, etc. should be constructed of light materials such as plasterboard or lath and plaster to facilitate removal if changes in layout became necessary;

- where the use of noisy machinery (such as that used for woodworking, weaving or machine operating) was involved, some sound-proofing should be attempted, particularly where concrete is used as the building material;

- if the centre was located in an area subject to sand or dust storms, particular attention should be paid to the means used for ventilation as sand or dust can have a serious effect on machinery;

- a medical examination room, equipped to give first-aid in case of accident or illness, should be provided;

- a kitchen and canteen or dining room would be required if meals were to be served on the premises;

- a large room for use as a gymnasium should be provided; it might also be used as a recreation room or a canteen if equipped with kitchen facilities; alternatively, where climatic conditions permitted, an open-air space might be used for the gymnasium aspects;

- adequate office and storage accommodation should be provided; this should generally include an office for each of the specialised staff, a general clerical office, a conference room for up to ten persons, a small interviewing room, a reception area and, possibly, a time-keeping office;

- a plot of ground suitable for use as a kitchen or market garden or other outdoor work.

Outline sketch plans which might form the basis for the construction of non-residential centres catering for 40-60 and for 100 rehabilitees are given in Appendices 2 and 3.

(b) Residential Centres

The considerations set out above apply equally well to residential centres, but there would be the added expense of providing living accommodation and appropriate staff.

Before deciding on the area from which the centre would draw its rehabilitees, it would be well to consider how far people normally travel to work. In some countries villagers travel long distances by small local buses or other means of transport to the bigger towns. The "daily travelling" area might, therefore, be

sufficiently large to ensure that the centre could be filled to capacity without providing living accommodation. In some cases, prospective rehabilitees might have relations or friends living near the centre with whom they could stay.

In the early stages of the development of a pilot scheme it would generally be advisable to avoid providing residential accommodation because it would be unlikely that budgetary provisions would be made which would cover the cost.

If, however, residential accommodation had to be provided it should not be overlooked that in addition to the bedrooms or dormitories and toilet facilities necessary for the trainees, similar accommodation must be provided for resident staff. Kitchen, dining and indoor and outdoor recreational facilities and rest rooms would also be necessary.

In general, it is considered that, in the case of a vocational assessment and work preparation centre, residential accommodation should be built within the centre compound if space permits. This would have the advantages that:

- rehabilitees would be under control during the whole period of attendance;
- they could also carry on with work preparation activities outside normal working hours if they wished; and
- there would be economy in staff as the centre manager, by delegating some of his duties, could supervise the whole entity and it would not be necessary to appoint an officer in charge of the residential accommodation.

If, owing to lack of space, residential accommodation had to be built outside the centre, it should be located as near to it as possible.

The alternative to building any living accommodation for those coming from outside daily travelling distance would be to find suitable lodgings or rooms within reach of the centre. It should be remembered, however, that unless reasonable allowances were paid to rehabilitees during attendance at the centre they might well be unable to live under these conditions.

8. Equipping the Centre

It is impossible in this manual to give complete details of equipment which is necessary to operate a centre of this kind because this would be determined by the scope and size of the centre which was being planned. (But see Chapter 4, section 6.)

If it was to serve a rural area in which agriculture and horticulture, cottage industry and/or handicraft work predominated, the basic equipment would be relatively simple, consisting mainly of agricultural implements, machines such as weaving or knitting machines operated by hand and hand tools appropriate to the various handicrafts. On the other hand, if the centre served an industrial area

and proposed to assess capacity in woodworking, light or heavy engineering work and similar types of work, the emphasis would be on more elaborate and expensive machine-operated tools.

It must, however, be remembered that the centre is designed to ascertain the capacity of individual disabled persons to perform different kinds of work and not to train them fully to do the work. If required, this would be done elsewhere (see Chapter 7). Whilst the work done should be productive in order to maintain the rehabilitee's interest it would not generally be necessary to provide a lot of sophisticated equipment to do this. Much of the modern machinery used, for example in woodworking and metalworking, is expensive and smaller types might be obtained which would be suitable for vocational assessment purposes.

If machinery had to be imported, it would be better, unless the purchase price was out of all proportion to prices elsewhere, to purchase it from a firm which had an agent in the country who could service the machines and provide spare parts when required. Many centres have had to close courses temporarily for lack of servicing facilities.

In some cases, particularly in less sophisticated centres, it might not be necessary to spend much money on equipment. In some countries employers have co-operated with centres by giving them subcontract work under arrangements through which he provides the materials, tools and equipment; the centre makes the articles and the employer collects them periodically and pays for the service given by the centre. Some examples of schemes of this kind which could be introduced are given in Chapter 4, section 5.

Inquiries of employers in the area of a particular centre might find some who were willing to help and materially reduce equipment costs.

9. Financing the Centre

No centre, whether operated by the government or a voluntary organisation, can be started or run without adequate funds to sustain it. Once it has been decided to establish a centre a budget must be prepared and, whilst it is impossible in this manual to give any figures about costs because of wide variations in the costs of land, building, equipping and staffing in different countries, the following notes may be helpful.

(a) Centres Run by Government Departments

If proposals for a vocational assessment and work preparation centre are put forward planning commissions and ministries of finance will want details of the plan of operation, reasons why such a centre is necessary (which will include information about the extent of disability in the country) and what it will cost in terms of capital and recurrent expenditure over a period of at least five years so that if the project is approved the costs may be included in the country's next "five-year economic plan".

The sponsoring ministry or department must, therefore, prepare budget estimates. These should be prepared as accurately as possible and care should be taken to see that all necessary expenditure is covered. If this is not done difficulty may arise in obtaining approval of supplementary estimates for the items omitted. Some of the items to be taken into account are mentioned below.

(i) Capital Expenditure

This includes the cost of the land on which the centre is to be built if it does not belong to the government, building the premises and obtaining the necessary initial equipment such as tools, machinery, etc. and furniture.

Draft plans of the buildings should be prepared and estimates of the building costs obtained from an architect. In some countries the work would be carried out by the public works department, in others by private contractors.

In estimating building costs, the cost of any necessary security wall or fence and the necessary sewerage should be included. The following points should also be borne in mind:

- heating and air-conditioning equipment or fans would be required;
- if a canteen was provided, a kitchen, sinks, preparation tables, cookers, cutlery, china, etc. would be necessary;
- workshops as well as toilets would need wash-hand basins;
- toilets for use by wheelchair cases would need special fittings;
- it might be necessary to purchase a minibus, adapted to carry wheelchair cases, where local bus services were inadequate or non-existent.

If it was necessary to make an access road to the centre, and the sponsoring department had to bear the cost or part of the cost of it, estimates should be obtained from the road-making authority and the figure included in the budget. It should also be ascertained whether any charges would be made for connecting electricity or telephones, gas and water supplies. Some of the tools and other equipment might be obtained by gift or loan from employers (see Chapter 2, section 8) and the possibility of making some articles in the workshops should also be considered, e.g. work benches, stools, shelving for stores, etc. (See Chapter 4, section 5.) Where items have to be purchased, competitive estimates should be obtained, where possible, from suppliers and the cost of the most suitable type, not necessarily the cheapest, included in the budget estimate.

Care should be taken to see that all the necessary furniture is covered by the estimates. This would include such items as:

- window blinds or curtains;

- special furniture and medical equipment for the medical examination room;
- conference table and chairs, desks and chairs for staff;
- filing cabinets, bookcases, typewriters, typists' tables, typists' chairs, fire-fighting equipment, blackboards, notice boards and other office requisites;
- occasional tables and chairs for reception areas and other rooms where these were normally used;
- working benches or tables and special chairs where necessary for the workshops.

Some of these might be obtainable free of charge from the government central stores. Where payment has to be made, prices should be obtained from the government central stores and from private suppliers because approval might be given for local purchase if the central stores could not supply the articles required or the prices of suitable goods quoted by private suppliers were lower.

It should also be remembered that machinery wears out in the course of time and provision would have to be made for its replacement, but this item would not usually affect the first five-year proposals.

(ii) Recurrent Expenditure

This covers the expenditure necessary to maintain the centre in operation and would include such items as:

- staff salaries, wages and travelling expenses (details of the staff likely to be required are given in Chapter 3);
- cost of expendable raw materials used in the centre;
- fuel, light, power, water, telephones, etc.;
- maintenance, cleaning and repairs to buildings;
- replacement of small tools;
- renewal of medical supplies for first-aid work;
- allowances to and travelling expenses of trainees;
- maintenance and running expenses of minibus;
- paper and other office requisites if these have to be paid for.

In preparing the estimates it should be remembered that prices might increase between the time the estimates were prepared and the actual allocation of the money.

Another point to be remembered is that, if products made from materials paid for by the Ministry of Finance out of the approved budget are sold, the money received has generally to be paid to that ministry as an off-set to the budget expenditure. Whilst it would be impracticable to quote any figure for this in preparing a development budget, the fact that some return might be expected when the centre became operative might be mentioned.

It would very probably be possible to avoid repaying the proceeds of sales to the Ministry of Finance and to use them for further development if a "centre special fund" was created into which donations from employers and the public, the proceeds of disabled persons weeks, dances, fashion shows and other functions were paid. These extra-budgetary funds could be used for purchasing the necessary raw materials, adding to the centre library, the welfare of the rehabilitees and even, if they were large enough, purchasing additional equipment or adding another testing workshop.

(b) Centres Run by Voluntary Organisations

Many rehabilitation facilities have been started by voluntary organisations, usually for some specific type of disabled person such as the blind, the deaf, the tuberculous, the mentally retarded and spastics. Very frequently they are unable to expand or even continue to operate because of lack of funds. They then ask for a government subsidy to help them.

When this is done the application would have to be accompanied by budget proposals drawn up on the same lines as those indicated above for centres operated by a government ministry or department.

The sponsoring ministry or department would examine the proposals with a critical eye and care should be taken to see that every item included in the budget could be justified. In practice it is often found that sponsoring authorities look rather doubtfully at projects which do not make a profit.

Whilst any organisation working for the disabled should be as self-supporting as possible, it should be borne in mind that good rehabilitation should not be subordinated to profit making. This fact should be emphasised to the sponsoring authority. Attention should also be drawn to the fact that new or expanded efforts require a certain amount of working capital to enable them to run successfully.

10. Budgeting Over a Period of Years

It might well be impossible to build, equip and start operations in the new centre within one government financial year. If this was so, budgetary proposals should be split between the financial years in which it was anticipated that the various stages of the project would be reached. Indeed, planning commissions and ministries of finance may require estimates of the cost over the five (or other number) years of the next national economic plan.

If for any reason the proposed plan for any financial year could not be completed, for example because of delays in completing buildings or securing equipment, arrangements should be made that unspent funds should be revoted in the following year. If this was not done difficulty might be experienced in securing approval of supplementary estimates for the financial year in which the expenditure would be incurred. An exception to this general rule is that money allocated for the payment of trainees' allowances and travelling expenses, lighting, fuel and power which had not been used because of the delays need not be revoted unless it was necessary to ask for a change in the vote heading to cover necessary items which had by mischance been omitted from the original estimates.

A pro forma specimen of this type of budget proposal is given in Appendix 4. The figures quoted are fictitious and should <u>not</u> be read as a guide to actual costs in any particular country.

CHAPTER 3

STAFFING REQUIREMENTS, STAFF SELECTION AND DUTIES

1. Staff Required

Under ideal conditions a vocational assessment and work preparation centre, to be developed in isolation from medical rehabilitation and vocational training services, with a maximum capacity of one hundred rehabilitees would normally require the following staff:

Specialist and Technical Staff

Centre manager
Centre doctor (part time)
Workshop manager
Psychologist
Social worker
Selective placement officer
Workshop instructors (for each section of activity)
Remedial gymnast
Nurse

Ancillary Staff

Administrative and records officer
Clerk/bookkeeper
Clerk/storeman
Typist/telephone operator
Driver (if motor or other vehicles used)
Cook, kitchen hand and waitress(es)
Labourers/messengers (three)
Cleaners

2. Finding Specialist and Technical Staff

Conditions in developing countries are unlikely to be ideal and most of the specialist and technical staff might not be readily available. Even if they were, the budget might only allow for the appointment of one or two of them in the first year and staff would have to be built up gradually.

In some cases it has also been found that the salary scales paid by the government or other organisation running the centre were not high enough to attract qualified persons (for example, workshop manager, psychologist or instructors) who could have been engaged from their existing jobs. Where this happens, questions of grading and pay would have to be discussed with public service or other commissions responsible for the engagement of personnel and better conditions and rates of pay agreed - not always a very easy task.

Where some or all of the specialist staff are not available it is common to seek external aid in training local personnel who have some qualifications for the posts. This may be done by:

- seeking expert assistance from the ILO under its Regular Programme or the United Nations Development Programme of Technical Assistance;

- seeking similar assistance in the form of bilateral aid from a foreign government, volunteer or other organisation;

- securing fellowships for overseas students in the necessary subjects; or

- some combination of these methods.

As far as possible, fellowships, which might be for 3, 6 or 12 months according to the circumstances, should be obtained in countries whose conditions bear some relation to those of the home country. It would not be very practical to study methods used in a highly industrialised country when the home country had little industry and was largely agricultural.

It should also be ensured that the person selected for the fellowship would in fact take over the job he had studied when he returned and stay in it at least long enough to be able to train a successor should he have to be moved elsewhere at a later date. This comment applies equally to counterparts trained in their own country through international assistance.

Provided that suitable salary scales had been agreed it would probably be rather easier to find the necessary technical and ancillary staff. For example, a remedial gymnast might be obtained from a hospital or an ex-armed forces physical training instructor might fill the post; a qualified hospital nurse could fill the nursing post.

3. Improvising in the First Years of Operation

In most developing countries it would not be practicable to obtain all the staff mentioned above at the start either because they were not available or because of budgetary limitations. A good deal of improvisation would be necessary and the centre might only start with a limited number of rehabilitees.

For example, if the first operating year's budget only allowed for the appointment of the centre manager, a part-time doctor, two instructors, one clerk, a typist and a messenger, a good many jobs would have to be combined:

- the centre manager would have to act as social worker and placement officer as well if he could not borrow the services of such workers on a part-time basis from another department or organisation employing them;

- one of the instructors could act as the senior in place of a workshop manager, with some assistance in supervision from the centre manager, to whom he would report;

- the clerk, with some assistance from the typist, would have to undertake all the clerical duties and act as storekeeper;

- since there would be only two instructors only two working sections could be started and the maximum number of rehabilitees would be about twenty-four (twelve for each instructor).

In short, in the early stages of operations in a developing country the centre manager would have a very onerous job. He might be working in a country having major unemployment problems with able-bodied persons. He might also have to face the scepticism and indifference of the community about the ability of disabled persons to undertake useful work, and local customs, traditions and superstitions might also inhibit their employment.

He could experience great difficulty in obtaining jobs for his rehabilitees after vocational assessment and preparation and both he and they would be frustrated. Where this has happened in practice, assessment centres in some countries have either been expanded to allow for longer-term vocational training or converted into permanent occupational workshops to absorb the reorientated but unemployed rehabilitees. This has demonstrated their ability to work and employers and the community have begun gradually to accept them.

Following their acceptance by employers, possibly accelerated by economic developments, the services could return to the basic concepts described in this manual.

The centre team would be built up as funds allowed and specialist staff became available either through training in the country or by completing overseas fellowships, and in two to three years the centre might be operating at its maximum capacity. The comments which follow indicate the duties of the specialist and technical staff and give some guidance on the types of persons likely to be suitable for the various jobs.

4. Team Work in the Centre

No centre of this kind can be successful unless the specialist and technical staff work together as a team to assess the abilities of the individual disabled person and prepare him for work. Whilst they maintain daily contact with one another and with individual rehabilitees, their main contact is in the periodic case conferences which enable the many aspects of individual cases to be studied collectively by the specialists. Case conference procedure is described in detail in Chapter 6.

Creating and maintaining a proper team spirit is not always easy. The centre manager has to maintain a balance within the team, arbitrate on differences in opinions and methods and generally becomes a harmonising factor on technical differences. He has, however, to make the final decisions after listening to his colleagues' opinions.

It would be desirable, therefore, to examine the individual candidate's temperament, sense of vocation for the work and tried or potential ability to work as a team member, when posts were being filled. Whatever other qualifications a candidate might have, if he was not interested in working with and for disabled persons and was unlikely to make a satisfactory team worker he should not be

appointed to any of the posts for which other qualifications are discussed below. It might not be possible to find anyone ideally qualified. The best possible alternative should be selected and trained in aspects in which he was deficient.

5. Staff Selection and Duties

(a) The Centre Manager

This is the most important post because he is the leader of the rehabilitation team and chairman of the case conference. Particular care should be taken in making the appointment because, if he was managing a "pilot" centre which proved successful, this centre might well become the training ground for specialist and technical staff for other centres to be built in the development of national vocational rehabilitation services.

His principal duties are to:

- co-ordinate and direct the general administration and work of the centre;
- foster the team spirit in the centre and maintain a balance between team members;
- control the proper expenditure of funds and prepare budget estimates for submission to the appropriate authority;
- see that his staff ensure that stores and raw materials are always available, kept in safe custody and properly issued and used;
- ensure that welfare and other amenities are kept up to standard;
- meet new rehabilitees on arrival and get to know them individually as far as possible;
- play a major part in the assessment and preparation of the rehabilitees, including acting as case conference chairman;
- take disciplinary action where necessary;
- maintain, and assist his staff to maintain, contacts with employers, hospitals, social welfare agencies and other organisations;
- publicise the activities and objectives of the centre, cultivate public interest in them and spend time with visitors to the centre.

Candidates likely to be suitable for this post should possess as many of the following qualifications as possible:

- previous experience in running a centre of some kind or a large section of a department or other organisation;
- ability to weld the staff working with him into a satisfactory team;

- an industrial background with a working knowledge of training methods;

- ability to draw up and present budget estimates;

- some knowledge of public relations work and ability to meet people at all levels;

- previous experience of working with disabled persons.

If the assessment and preparation centre was associated with a hospital or medical rehabilitation centre carrying out para-medical work such as physiotherapy and making and fitting artificial limbs and other appliances, it would usually be preferable to conduct the centre as one combined operation. In this case it would generally be better to appoint a medical officer as the centre manager and a workshop manager, working in conjunction with him, to take charge of the technical side.

(b) The Centre Doctor

The centre doctor is usually appointed on a part-time basis in the first instance but when the centre is fully developed the post might have to be converted to full time, although, in general, this would be unlikely as rehabilitees would normally have completed active medical treatment before entering the centre.

In brief, his principal functions are to:

- assist in the selection of individuals to enter the centre for rehabilitation and undertake medical assessment of working potential;

- supervise the rehabilitees medically whilst they are in the centre;

- medically examine them as necessary and initiate any further remedial treatment required;

- prepare medical reports for case conferences and other purposes and keep the necessary records;

- maintain close contact with the rehabilitees, watching their progress, consulting other team members and outside doctors as necessary;

- control the work of the centre nurse and ensure that first-aid arrangements were satisfactory;

- plan and supervise the work of the remedial gymnast;

- attend and present medical records at case conferences.

Since his activities after the arrival of the rehabilitees would usually begin with an entrance medical examination, it is pointed out that, whilst all team members need to become familiar with the general terminology used in the other fields represented in the team, this is particularly important in the doctor's relations with the non-medical members.

His reports should therefore explain in lay terms the vocational handicaps and limitations in the particular case, the possibilities of improving working capacity and the long-term effect on the choice of a future job, rather than record a clinical diagnosis and the related physical disabilities.

If he had sufficient knowledge of industrial medicine and working conditions in different kinds of industry - acquired possibly through having practised in an industrial area - his ability to evaluate and express abilities and limitations in terms of industrial demands would be much improved. A suggested medical report form for use within the centre is given in Appendix 5. This form might also be used by the rehabilitee's own doctor (if he has one) and attached to the application form or completed by him subsequently on request from the centre doctor.

The doctor is concerned with the possibilities of improving the working capacity of every rehabilitee in the centre and needs to observe each person's progress closely. Usually, each client is given a general medical examination as soon as possible after entry (ideally on his first day) and a final medical examination towards the end of the course, generally confined to assessing the improvement. Examinations might also be required during the course to resolve any special queries raised at a case conference. Both initial and interim examinations should be undertaken at the earliest opportunity, since the further progress of the rehabilitee might depend on them.

A simple statement should be made on, or attached to, the original medical report form stating the rehabilitee's period of attendance and indicating with appropriate details whether working capacity had improved, deteriorated or was unchanged.

In view of his responsibilities in this connection the doctor would have to:

- prescribe remedial exercises, see that they were carried out and change them as necessary;

- advise other members of the team (including case conferences) where for medical reasons one particular job in the workshop seemed to be more suitable than another;

- collaborate with the psychologist in cases of mental illness or disturbance because the tests carried out by the latter would help the doctor to revise original estimates of intelligence;

- maintain close contact with the rehabilitees and watch for signs of improvement or deterioration.

He would need to visit the workshops frequently. Indeed, it would be to his advantage to do so because he could make an objective assessment of a rehabilitee's physical capabilities at the bench or on a machine in an actual working situation. Moreover, his visits would usually be appreciated by the centre staff and help to sustain their interest and enthusiasm.

Although a timetable of visits need not be arranged, he should try to visit the workshops daily. Where he could not do so he should arrange for the remedial gymnast and the nurse to bring all significant changes to his notice and for events in the workshop which might be of interest to him to be reported by the appropriate instructor through the workshop manager. Examples of matters which should be reported are:

- signs of relapse in tuberculosis cases;
- instances of excessive fatigue;
- minor epileptic disturbances;
- restored freedom of movement of limbs;
- apparent mental aberrations;
- ability of older people to cope more effectively with physical exertion than would appear likely from a clinical examination.

The doctor would sometimes wish to consult other medical colleagues to obtain a prognosis, details about medical history or a specialist's opinion. In such cases, it would be advisable for him to write to the rehabilitee's own doctor, if he has one, in the first instance. Suggested medical report forms which might be used in obtaining specialists' reports on tuberculosis, epileptic and psychiatric cases are given in Appendices 6, 7 and 8.

In some developing countries, particularly those which do not have any significant national health or social insurance services, patients often move from doctor to doctor at will and it may be difficult to obtain a complete medical history of the person. In such cases the doctor would have to decide on his own clinical examination whether he needed a consultant's opinion and arrange for this to be obtained.

If the consultant suggested that some major treatment was necessary, it might not be realistic to proceed with rehabilitation until this has been completed and the results known. Arrangements should be made for prompt readmission when treatment has been completed.

Finally, he would require to keep records of his cases. In order to save his professional time they should be limited to minimum essential details and arranged in such a way that the centre nurse could complete most of them.

In some developing countries where surgical, medical and paramedical services were originally minimal but were in course of development rather different techniques might have to be applied. Many disabled persons would have congenital or long-standing disabilities which might have responded to rehabilitation treatment when they occurred but little could be done about them because of the lack of medical services. In his initial examination the doctor would, in addition to covering the normal health standards required for admission to the centre, also examine the entrant to ascertain whether any corrective surgery, medical treatment, the provision of prostheses or orthotic appliances would be likely to

improve working capacity. If it was decided that the entrant would benefit from any of these actions he would be referred to the existing appropriate service for treatment and the centre would accept him on completion of the treatment.

It is not uncommon for disabled persons of the type referred to above to refuse corrective treatment. They have learned to live with their disabilities and have evolved their own techniques to enable them to cope with the activities of daily living. In such cases the doctor would try during the assessment and preparation process to build on these techniques to enable the disabled person to undertake work he could do, even if it was necessary to adapt the job to some extent to enable him to do so.[1]

(c) The Workshop Manager

It is a basic principle in setting up a vocational assessment and work preparation centre that its workshops must be realistic and provide working conditions as close as possible to those in ordinary industry and turn out saleable goods at a reasonable production rate.

The workshop manager is responsible to the centre manager for running the workshops, and his principal duties are to:

- establish and maintain the industrial atmosphere referred to above;
- obtain suitable subcontract or other production jobs; anticipate shortages of work and plan early remedial action;
- assist in the selection of instructors;
- give any necessary in-service training to new instructors;
- control the activities of instructors ensuring they use workmanlike methods and place proper emphasis on productivity;
- advise on any changes which seem desirable in work activities and methods;
- assist in drawing up course work programmes or syllabi;
- take part in case conferences, acting as technical adviser.

In carrying out his duties he would need to maintain friendly relations with employers and others from whom he hoped to obtain production work.

He would also need to get to know the capabilities, strengths and weaknesses of his instructors and, in conjunction with the centre manager, place them so as to make the best use of their technical skills and personalities. He must also make them realise that they were an integral and important part of the rehabilitation team and promote co-operation between them and its other members.

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[1] For information on this subject see handbook on "Adaptation of Jobs for the Disabled", ILO, Geneva, 1969.

He must also get to know something about the disability, particular problems and progress of each rehabilitee in the workshops. This could be achieved by frequent discussions with his instructors, the centre doctor, informal talks with rehabilitees and personal observation of them on and off the shop floor.

As the workshop and technical representative he has an important role to play in the case conference. He is the link between the instructors and the rest of the team. He should be able to supplement their written reports by his own up-to-date observations on the rehabilitees and so be able to give technical advice on such subjects as transfers to other sections, changes in methods of work being performed by individuals and termination of the course if progress was unlikely.

The candidate selected for this post must clearly be technically qualified. As he must be practical he should have had experience either as a works or production manager in industry controlling the operation of all sections of a factory or, failing this, as head or chief instructor of a large section (e.g. the carpentry workshops) which he has had to organise and control. If he had some knowledge of trades other than the one in which he had specialised so much the better.

(d) The Psychologist

In many developing countries this would probably be the most difficult centre post to fill because few, if any, qualified industrial psychologists would be available. Where it was impossible to obtain the services of such a specialist on a full or part-time basis to give tests and give advice on difficult cases, some alternative arrangements must be made to cover his duties. For example, it might be possible to obtain the services of a clinical or educational psychologist from a hospital or educational service on an ad hoc basis.

The primary functions of the psychologist are to indicate broadly the intelligence and occupational levels, mechanical aptitudes and interests of each new entrant to the centre and to give vocational guidance based on the results of his findings. His main conclusions would be reached through:

- information contained in the original application and case papers;
- interviews with the new entrant designed to check reported facts and examine his emotional and motivational reactions;
- psychological tests;
- instructors' reports on workshop performance, supplemented by his own observations of this aspect;
- reports from and consultations with other members of the centre team.

Before discussing what alternative arrangements might be made to cover the lack of a qualified psychologist it is desirable to draw attention to some points which apply in developing countries.

(i) Psychological or Aptitude Testing

It is vitally important that persons taking these tests should be able to understand them and that those who interpret the test results should know what the answers mean.

Many of the testing systems used in developed and industrialised countries are very sophisticated and could not be used successfully in developing countries.

It is considered that in many developing countries for some years to come written tests should be kept to a minimum and more attention paid to the ability to perform practical work of a variety of kinds in the assessment workshop. Other tests to be given might be confined to such things as a test in simple arithmetic, ability to read and to recognise local objects in a book or on a wall or other chart, to match forms, colours, etc.

(ii) Conducting the Tests

Whoever the tester might be he should carry out the appropriate tests within the first few days after the new entrants have arrived and had time to settle down and before the first case conference if possible. He should organise his programme so that the tests in hot countries are conducted in the mornings when the new entrants would be likely to be more alert. If he felt anyone was becoming tired by the length of the test he should allow a short break.

It is often helpful to have a short questionnaire to start the test session, as an introduction. The questionnaire usually has a threefold purpose: to obtain the new entrant's own answers to a series of questions relevant to the problem of choosing a job; to give him the chance to set out his job ambitions or his anxieties about jobs; and to save time at the subsequent interview with the psychologist, not only by giving a useful lead to the interviewer, but also by encouraging the man to clarify his thoughts about the future and his memories of the past, before the interview. It may incidentally act as a rough screen for illiteracy (though this would be covered in any case by later tests).

Points which might be covered in the questionnaire include education, job record (in brief) and attitudes to previous jobs, leisure interests and job interests for the future. A draft of a simple questionnaire is given in Appendix 9 to this manual.

Before beginning the tests he should explain their purpose in relation to vocational assessment and also explain exactly how to complete them. He could test entrants together but should use his judgment in deciding whether he should test any of the new entrants individually or postpone the test temporarily where, perhaps because of psychosis, temporary illness, deafness, etc. it would be prudent to do so.

In addition to the tests, he would also interview them individually to check the facts he already had about them, study the emotional effects the disability had on the individual, ascertain his attitude to work and his own ideas about his future.

(iii) Collaboration with Other Team Members

In addition to observing the rehabilitee frequently both in and out of the workshop and studying the reports referred to above, to complete his picture he would have to discuss his cases with the doctor, the instructors, and other members of the team. Whilst many cases might be reasonably straightforward and present little difficulty he would need to work closely with the doctor in cases which were known, or had been found after admission, to have psychiatric problems. If treatment was necessary this would be arranged by the doctor and not by the psychologist.

(iv) Vocational Guidance

The psychologist would spend a good deal of his time on vocational guidance. This means advising the rehabilitee about the types of employment which appeared to be most suitable for him. In doing so he must bear in mind the rehabilitee's own wishes and, generally, accept them if they offered a practical solution. If they did not he should explain why. More detailed guidance on this subject is given in Chapter IV of the ILO Manual on Selective Placement of the Disabled.[1]

He would need to discuss his cases with the placement officer because employment might not be available in the occupation which appeared to be most suitable for the rehabilitee. He should also remember that the rehabilitee might be unwilling to work in the selected occupation.

When reporting to the case conference he must remember that the results of his tests are not the final arbiter in the case. He is only one of the members of the team and the views of the others must be taken into account.

This post is also sometimes known as that of "vocational counsellor". A vocational counsellor need not have a qualification in psychology. If no psychologist was available a suitable person might be found in an existing social welfare department, an employment service or a vocational guidance service attached to a ministry of education or some other organisation. What is really needed is a person with a lot of common sense allied, if possible, to some knowledge of industry and the disabled. The vocational counsellor would, of course, collaborate closely with the workshop manager and the instructors who would be carrying out practical tests.

(e) The Social Worker

The social worker's principal duties are to:

- assess the rehabilitee's social situation by determining the personal, social and domestic factors which might have an effect on resettlement;

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[1] See pages 19-24, "Manual on Selective Placement of the Disabled", ILO, Geneva, October 1965 (D34.1965) obtainable on request.

- give guidance or practical help in solving problems arising;

- advise the case conference about social problems which might affect the rehabilitee's progress in the centre.

He (or she) has an important part to play in the reception of new entrants and might give the initial introductory talk to the group as a whole, explaining the aims of the centre, its programme and working rules, payment of allowances, etc.

Following this, he would interview each new entrant and ascertain his social background including such things as:

- relationships with his family, their attitude to his disability and their interest in his rehabilitation;

- his standard of living;

- where he lived and if he had any housing problems;

- his own and his family's attitude to financial problems arising from prolonged unemployment;

- how far he was mobile and whether he would have any transport problems.

During this interview he should establish a relationship with the rehabilitee which would help him to face the realities of his disability, to accept circumstances that could not be changed and to make a new approach to those that could. This relationship could be fostered by having informal talks with him in the workshops so that the social worker became a familiar figure to whom problems might be referred.

The social worker, whilst ascertaining all the facts, should concentrate on those which present problems, get an impression about where the difficulties lie and which of them could be overcome or reduced. It would sometimes be an advantage to interview the rehabilitee's family in order to get a fuller picture of the social situation. This would have the added advantage that he could explain the functions of the centre and enlist family interest and support. It might also change family attitudes which stood in the way of resettlement.

In many cases problems might be solved relatively easily; in others, the social worker would have to use considerable skill and patience to get the rehabilitee to recognise his problems and accept advice about them.

The social worker should also be well informed about departments and local organisations from whom he might have to seek assistance such as financing the rehabilitee whilst in a centre where no allowances were paid and no social assistance scheme existed, or putting a stranger to the community in touch with organisations which would welcome him in after-work social activities.

The social worker also reports to the case conference and should ensure that the other members of the team know about any problems which exist.

The person selected for this post should have had some experience of social work but need not necessarily have a university degree in social science and related subjects. In the early stages of the centre's development he might only be required part time and he might be obtained on loan as required from his normal organisation. If this could not be arranged the alternative would be to refer the social aspects to an appropriate organisation for examination and subsequent report; however, this method should only be used as a last resort.

(f) The Placement Officer

The centre placement officer has a good deal of responsibility because it is his function to complete the whole rehabilitation process by ensuring that employment is found for the rehabilitee at the end of his course. His precise functions depend on whether or not a government employment service exists.

(i) Existing Government Employment Service

In this case, most of the actual placement work would be done by the placement officer in the area from which the rehabilitee came. This implies that there must be close collaboration because the local placement officer would require a detailed report on the final assessment of the individual by the centre team. The centre placement officer would want to know during the course what employment opportunities were likely to be available in the area to which the rehabilitee was returning so that he might advise the case conference on the possibilities of placement in an occupation which was thought to be best for the individual rehabilitee.

It would be advisable for him to establish some contacts with employers in the area of the centre. Apart from the fact that they might be useful in obtaining subcontract work he might find employment opportunities in which he could directly place individuals from the centre. Where he did this he should keep the local placement officer informed. He should also let the local placement officer know two or three weeks before the end of the course when the rehabilitee would leave and what conclusions had been reached about his future at that stage, thus giving the local placement officer time to find a job for the leaver.

(ii) No Existing Government Employment Service

Where no such service existed, the whole responsibility would fall on the centre placement officer. Since it is desirable that placement should be effected quickly after the termination of the course so that its benefits would not be lost, he would need to establish much more detailed relations with employers in the area of the centre so that the whole range of available employment opportunities might be ascertained. He would even have to go further afield than the centre area if rehabilitees from more distant areas were coming to a residential centre. It would also be advisable for him to maintain contacts with trade unions,

chambers of commerce and industry, vocational training establishments and any kind of group or organisation known to find jobs for its members. He should also acquire considerable knowledge of the industry carried on in his area and its processes.

He would interview each rehabilitee before the first case conference and, having formed his preliminary ideas about the individual and his ideas about his future work, would keep contact with him during his stay in the centre watching his progress and discussing this with the doctor and the instructors. In the meantime, he would be thinking of the kind of job which he would need to find.

He would report his views to case conferences and when decisions had been made at the final case conference (preferably held two to three weeks before the proposed termination date) he would explain the recommendations and the reasons for them to the rehabilitee. If the rehabilitee refused to agree with them he would refer the case back and suggest that the individual should discuss the situation with the whole team so that agreement could be reached on the action to be taken.

He would then prepare the final assessment report, which should be clearly worded and leave no doubts about its meaning, and either send it to the local placement officer if there was an existing service or take immediate placement action on it himself if there was not.

Where there is an existing placement service it should not be difficult to find a suitable officer for this post but it might be necessary to secure international assistance from outside or a fellowship out of the country so that he could learn the more detailed techniques of placing the disabled. Guidance on the selection of the placement officer, whether there is an existing employment service or not, is given in Chapter XII of the Manual on Selective Placement of the Disabled[1], which should be read in conjunction with these notes. The manual also describes his role and duties in considerable detail.

(g) The Workshop Instructor

The workshop instructor is in immediate charge of the rehabilitees in his section and is therefore in a key position because he can ascertain at first hand their ability to perform the type of work for which he is responsible. His reports to the workshop manager (or to the centre manager if there is no workshop manager) would carry considerable weight in determining the form resettlement should take. He should, therefore, keep a close watch on each rehabilitee's progress, guided by any instructions given by the doctor or the psychologist, and follow the programme laid down in the planning of which he would have played a part. Normally, he would not attend the case conference but he might be asked to do so if more detail was required in specific cases or where there was no workshop manager in post.

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[1] Ibid., p. 59.

In selecting suitable candidates for this post it should be remembered that his function is to assess working potential, not to train the rehabilitees in the work. Any necessary training would be given in a vocational training centre or elsewhere (see Chapter 7).

It is not necessary for him to be highly skilled in the particular occupations for which he is responsible. The best candidate is likely to be one who has had experience as a maintenance worker in a factory or elsewhere and can turn his hand readily to a variety of tasks. It would be an advantage if he also had some experience in instructing. If he had not, it would be necessary to give him a short course in the techniques of instruction.

Where possible an additional "floating" instructor should be engaged to cover annual leave, sickness or other absences (see the comments in 6(b) below).

(h) The Remedial Gymnast

The remedial gymnast works under the direction of the doctor and would devise equipment and arrange exercises to develop or redevelop physical ability for specific purposes, for example, climbing, lifting, leg and arm movements, etc. He would be responsible for the physical fitness of the rehabilitees some of whom might have had long periods of inactivity in a deteriorated physical condition. His reports would be incorporated in the doctor's report to the case conferences.

The ideal person for this post would be someone who had been trained specifically for this work, who had some knowledge of physiotherapy and who had worked in a hospital or similar institution. Where no such person was available, an ex-armed forces or other physical training instructor might fit the post.

(i) The Nurse

The nurse is responsible, under the direction of the doctor, for giving first aid in case of accident or illness within the centre, for seeing that the arrangements are satisfactory and that necessary equipment and supplies are available. She would note cases which required more frequent attention than usual and, as a member of the team, inform the doctor and the psychologist, particularly where she felt that the complaints were more imaginary than real.

(j) Ancillary Staff

No great difficulty should be found in obtaining ancillary staff whose duties are in the main described by their titles. Those concerned with administration and records, accounting and storekeeping would no doubt have to follow the rules laid down by the ministry of finance on these matters. Where the budget would not allow for the appointment of all of them at the start of operations the persons appointed would have to share the duties between them. The volume of work might not be large at the outset but would grow as the centre developed.

6. Working Hours and Holidays

(a) Working Hours

The centre workshops should provide working conditions as close as possible to those obtaining generally in industry in the country.

The basic principle should be that rehabilitees should work the same hours as those normally worked in industry subject to any directions from the centre doctor. For example, the doctor might advise that a person recovering from tuberculosis should commence by working only three or four hours a day which would be increased gradually on his directions as recovery progressed. Again, if the centre was run in conjunction with medical rehabilitation services patients might be sent to the workshops for an hour or two a day as part of the rehabilitation therapy.

It follows that the centre staff must work similar hours as the rehabilitees cannot be left on their own. This might cause complications in countries in which the hours worked by the department running the centre were varied in summer or other seasons and did not coincide with those worked in industry. In such cases it would probably be necessary to obtain permission from the appropriate authority to vary the normal civil service working hours.

(b) Holidays

The rehabilitees would not be admitted for a fixed period, as in the case of vocational training, but for varying periods according to needs (see Chapter 4, section 3).

Since rehabilitees would be coming and going at irregular intervals the centre should operate continuously, being closed only on the weekly non-working days and national holidays.

The centre staff would have to take their annual leave which should be staggered so that sufficient specialist staff were available to cover the essential features of the absent members' work. Each of them should therefore make himself familiar with the main elements of the work of the others. The doctor would no doubt be able to arrange for a general practitioner interested in rehabilitation to stand in for him as required.

So far as the workshops are concerned, the senior instructor could act as workshop manager and if a "floating" instructor had been appointed he would replace his absent fellows. If there was no such officer and the instructors had been selected on the lines suggested in 5(g) above, one or other of them could cover the duties.

CHAPTER 4

WORKSHOP ORGANISATION AND PROCEDURES

1. General Principles

The rehabilitees spend most of their time, and most of their vocational assessment and preparation for work is done, in the workshops. Answers to the following questions are consequently of considerable importance:

- What kind of work ought to be provided?
- How should the work be obtained?
- How should it be organised?
- What relationship should there be between the instructor and the rehabilitee?
- What principles should govern the transfer of the rehabilitee from one job to another?

The workshop manager is responsible to the centre manager for the running of the workshops and he has a vital part to play in relation to all these questions. It is a basic principle of a centre of this kind that the working conditions in its workshops resemble as realistically as possible normal industrial conditions, producing commercial products at a reasonable speed, so that the work can be distinguished clearly from merely diversionary handicrafts. The workshop manager is responsible for creating this kind of atmosphere. His duties in relation to it have been described in Chapter 3.

At the other extreme would be the severely disabled rehabilitee who had never previously been employed or had been out of touch with working conditions for many years. In such cases, twelve weeks or more might be necessary to bring him up to a normal working standard.

2. Intake

The intake rate would be affected by a variety of factors - capacity of the centre, availability of applicants, premature terminations, etc., but the aim should be to keep the daily occupancy as close as possible to the capacity of the centre in order to maintain the rehabilitative effect of the atmosphere of busy workshops.

In a centre with a maximum capacity of 100 rehabilitees, it would be desirable to maintain a daily occupancy of between 85 and 90. A suitable intake rate for a 6 to 8 week course might therefore be about 12 persons per week. It would be likely that a few of those invited would fail to report and their places should be filled as quickly as possible from the waiting list or from other local sources.

3. Duration of Courses

It is generally considered that a 6 to 8 weeks' course would be adequate for the majority of rehabilitees, but no rigid rules as to the duration of courses should be laid down and the length of any rehabilitee's stay in the centre should be determined by his individual needs and circumstances.

In some cases, for example, where the rehabilitee recovering from illness or accident only needed physical reconditioning and a little time to re-accustom himself to his tools and machines and regain the normal tempo of work before resuming his former job, a short course of three to four weeks might be all that was necessary. Immediately it became apparent that he could resume work, he should be released as soon as the date of his return to work had been agreed with his employer. Similar considerations would apply where a rehabilitee had found work for himself and it was agreed that the job was suitable for him.

4. Work to be Provided

Emphasis has already been placed on the need to provide real work and not diversionary activity. The main reason for this is a psychological one in that the value of production work lies in the attitude it engenders. Where the rehabilitee was merely making an article for the sake of something to do or as a remedial exercise, the tendency would be to draw his attention to himself and he would feel he was doing something just to pass his time until he could return to work. On the other hand, when he was engaged in production work the tendency would be for him to be absorbed in the work, a much better attitude for his ultimate ability to overcome his handicap and make his way in the working world. This would be particularly so where production orders had to be completed at an early date.

In deciding what type of work should be sought it must be remembered that:

- whether the centre is in an industrial or rural area the work obtained must bear a direct relation to the occupations carried on in its area in which jobs were likely to be available;

- rehabilitation should not be subordinated to production work - the work should be selected for the rehabilitee not the rehabilitee for the work.

Since training for skilled jobs is not normally a function of a vocational assessment and work preparation centre the work to be provided in most developing countries should be unskilled or semi-skilled or of a type which could be broken down into such kinds of jobs. For example, the centre might make small parts of a bigger article which would subsequently be finished by the manufacturer or a vocational training centre.

One of the objectives of allocating a rehabilitee to a particular job is to test his capabilities, possibly to confirm the results of such paper tests as it had been possible to conduct, or to check his suitability for vocational training in a particular trade. Special

exercises or tests of speed might be used for this purpose but they should generally be made on actual production work. If the work was local subcontract work it might be possible to test the rehabilitee on work of the same sort as that in which he might ultimately be placed.

The widest possible assortment of production work should be sought. If the centre was able to purchase small machines such as bench drills, metal and wood turning lathes, etc. these operations could be introduced where employment opportunities were likely to be available. Inspection of the products would also provide a means of checking the capacity of sedentary or semi-sedentary rehabilitees whose main hopes of resettlement lay in simple viewing jobs.

Opportunity might also be taken to introduce clerical types of work, which would also be useful for sedentary rehabilitees. Even some former manual workers might be able, possibly after subsequent vocational training, to secure straightforward clerical work or, if not sedentary, to obtain work as a clerk/storeman or in similar jobs which involved a combination of clerical and other activities.

In rural areas very different considerations would apply and these are discussed in 6(c) below.

5. Finding Production Work

Production work would normally be obtained from one or more of the following sources:

- subcontract work for outside firms, hospitals and similar institutions;
- work for other government departments;
- items for use within the centre and the attached vocational training centre if there was one;
- producing articles ordered by individual customers;
- articles made as exercises and sold where they had a sales value or passed to the stores for disposal where they had not.

It would be well, wherever possible, to base the production work of the centre on subcontract work because this would provide real work for which delivery dates would usually be fixed, although they might not be the hard-and-fast limits required in a factory. Some examples of work which might be obtained are:

- dismantling and re-assembling with necessary new parts the "banks" used in the equipment of automatic telephone exchanges; this tests ability to do fine work;
- packing cutlery used on airlines into cellophane containers; this tests not only ability to concentrate on the specific items required but also patience to cope with monotonous work;

- repairing broken crates used for containing alcoholic or soft drinks, hospital furniture, etc.: this tests ability to use simple tools such as hammers, screwdrivers, handsaws, rulers, etc.:

- cutting and filing small metal parts to size and shape: this tests ability to use simple metalworking tools such as files, hacksaws, scrapers, etc. and to work to set limits;

- making or repairing hospital linen; this tests ability to match materials, use scissors and sew by hand or machine;

- making cane wastepaper baskets for government or other departments; this tests nimbleness and strength of fingers.

The workshop manager would have to establish contacts with employers and their associations in the area and with other government departments and organisations in order to obtain subcontract work. He should also make use of the services of the managers of employment offices where these existed and of members of the centre's management board in countries where it was the practice to create such a board.

Where the centre commenced operations on a limited basis it might not be necessary to obtain many subcontracts but variety should be provided and care should be taken to ensure that the centre never ran out of work.

Should it not be possible to obtain sufficient subcontract work, articles such as pullovers, handbags and other leather work, pottery, woven articles, greetings cards, silk screen printed posters and programmes, etc., could be made for sale to orders from shops and members of the public.

It should not be overlooked that the centre itself could provide work from time to time in such ways as repairing centre furniture, fittings, windows and small tools, in redecorating the premises and in making notice boards, small tables and additional chairs. If the centre was linked with a vocational training centre it would also be possible to make the more simple parts of a job which would ultimately be finished in the vocational training centre.

6. Organising the Work

The division of the workshops into sections would depend on the type of work available and the stage which the centre's development had reached. The subsequent paragraphs indicate what the organisation might be when it was fully developed and explains modifications which would be necessary in the earlier stages.

(a) Fully Developed Centre

In a fully developed centre with a maximum capacity of 100 rehabilitees the following seven sections would generally be required, provided that employment opportunities in work of the type were available:

- allocation;
- woodwork;
- bench engineering (hand tools);
- machine operating;
- light assembly and miscellaneous work;
- clerical;
- gardening.

This arrangement would require seven instructors and if possible it would be advisable to have a "floating" instructor to cover leave, sickness and other absences. Failing this, it would be an advantage if some of them were capable of taking over a section other than their own during such periods.

An instructor can only give adequate individual attention and guidance to a limited number of rehabilitees and it is suggested that each section should be large enough to provide for 10 to 15 at the most. The numbers in each section would fluctuate from time to time according to the availability and needs of the rehabilitees. The work of the various sections is described below.

(i) Allocation Section

All incoming rehabilitees would join this section, sometimes called the intake or initial induction section. Since rehabilitees would be leaving every week, the intake would normally be about 12 per week and the new intake would remain in the section for the first week of the course.

The reason for the adoption of this method of introduction is to facilitate the first stage of rehabilitation - finding out what liabilities were retarding resettlement and what assets he had which could hasten it. The centre team must get to know the individual before it can ascertain his needs and adopt tactics which would suit his case. This would be more easily achieved by keeping the newcomers together than by scattering them throughout the sections.

The centre manager or the social worker would give an initial welcoming and explanatory talk on the objectives of the centre, its methods and rules. Following this, the facts recorded on the rehabilitee's personal papers would be checked during the course of a series of interviews with the centre team members. The doctor would give an initial medical examination during the course of which he would check that any prosthetic appliances were suitable and in good order, and would ask the instructor to check that the individual knew how to use them. The other members of the team would deal with their own particular aspects in order to form preliminary impressions of the new entrant and his needs before the first case conference. This process might take up to a day-and-a-half following which the new entrant would spend the rest of the first week in the allocation workshop.

To avoid conveying an impression that the section was a waiting room pending commencement of work in the second week it should contain

a sufficient variety of work to enable the instructor to form a preliminary assessment of the practical abilities of each new entrant by testing on various jobs. In general, the types of work selected should bear some relation to the jobs carried on in the other sections and might include such tasks as using a bench drill and hand drill, sawing and performing simple woodwork operations with hand tools, assembling small parts, using a sewing machine, some elementary clerical work, etc.

The instructor in this section carries a good deal of responsibility and it is clear that he must be versatile and have a reasonable general knowledge of the various jobs provided.

He would be the new entrant's first real contact with the working life of the centre and his actions might well determine, in these critical first few days in the centre, whether the new entrant would stay the course. He should remember that the new entrant would be forming his own impressions of the centre at this stage. It is, therefore, important that he should be able to get on with all sorts and conditions of men and women, give them encouragement and, if it was needed, sympathy. He should leave them in no doubt that they could talk to him freely and discuss any difficulties with him.

He would have received some information about their working histories from the workshop manager and some details from other members of the team. He should talk to them as a group when they come into his section, telling them how long they would stay there, and what work was done in the section and how they would be reallocated. He would explain that if they did not get the work they hoped to get immediately, this was because the centre would take a little time to get to know them, to see how they tackled one or two jobs and discuss future employment possibilities with them. Following this he should get them to work as quickly as possible.

At the end of the week the instructor would report the results of the individual's activities to the workshop manager, give his views about the most suitable section for the individual and his reactions to workshop routine and discipline. The centre manager, after discussion with the whole team, would decide to which section he should be allocated.

(ii) Allocation to Workshops

The allocation section would have to be cleared for the following week's intake and the problem of allocation to the various sections, which would subsequently be confirmed by the first case conference, would arise at this stage.

The general principles which should be applied to all allocations or re-allocations are that the rehabilitees' preferences should be followed in section or job allocation provided there were no good reasons for not doing this. The rehabilitee should be told about changes in allocation and the reasons for them. There would be occasions when a rehabilitee's preferences were unrealistic and impracticable because employment prospects were poor or non-existent, undesirable on medical grounds or because the particular section was already full and his wishes could not be met immediately. If so, it would be better to tell him the reason for not meeting his wishes and get his co-operation in the decision.

Rehabilitees should not be allocated to sections by disability without considering individual needs and preferences. The centre should provide light sedentary work in more than one section, although the most seriously handicapped might normally have to go to the light assembly section.

After the first case conference the rehabilitee should be doing work within his physical and mental capacity to which he was reasonably suited and might well stay in the same section throughout the course. Some of them, however, might not be able to return to their former occupations and their suitability for a range of other jobs might need investigation. The psychologist would have formed some ideas about occupations within or outside the bounds of possibility but the results of any tests he had conducted would have to be confirmed by actual trial, particularly where vocational training might be recommended.

The number of inter-section transfers would be reduced if there was some variety of work within each workshop. This would be an advantage both to the rehabilitee who might not like the change and to the instructor who was already familiar with him, able to see improvements in him and provide continuity in reporting. As has been emphasised in section (i) above the relationship between the instructor and the rehabilitee is most important. The longer this relationship between the two can be continued the better. The rehabilitees should, therefore, only be moved to a fresh section when there is a definite reason for so doing.

(iii) Woodwork Section

This section is useful for assessing skill in the use of hand tools and, where some machinery has been introduced, for assessing suitability for vocational training.

Hand carpentry tools would be the main equipment but it would be an advantage also to have a small circular or portable saw, a sanding machine and a wood-turning lathe so that some of the mechanical aspects of woodworking could be introduced.

Most of the operations would be performed standing and could provide remedial exercises. The use of the section should not be restricted to those who on leaving would be employed in handling wood, and women with any aptitude for woodwork could also be placed in it.

There should not be any difficulty in obtaining production work for this section. A variety of carpentry work involving measuring, sawing, planing, using simple joints, etc. should be aimed at; for example, making toys requiring a good finishing standard and painting in various colours, foot-stools, table lamps, small tables, garden furniture, renovating or making standard-size packing cases and repairing hospital furniture.

(iv) Bench Engineering Section

This section would be concerned with the hand finishing and fitting of metal articles and would work closely with the machine-operating section. The work would normally involve the use of hand tools such as files, hammers, chisels, hacksaws, etc.

This section is a valuable one because some of the types of work would be fairly common in light industry and it could provide a realistic assessment of the individual's performance on work in which he might be placed. Since some degree of skill is involved it would be useful for assessing suitability for some vocational training courses in the engineering trades. It could also provide remedial exercises and, since it provides both sedentary and standing jobs and some of it would call for a degree of muscular effort, individuals with different types of disabilities could be allocated to it.

(v) Machine Operating Section

An active and fully equipped machine operating section would make a substantial contribution to the industrial atmosphere of the centre as a whole. Under ideal conditions it would be equipped with capstans and centre lathes, drillers, planers, millers and grinders. In developing countries conditions would be unlikely to be ideal and it might only be possible to provide a more limited range of equipment through limited budgetary funds combined with gifts or loans from employers. The best possible range of machines should be obtained but it is suggested that the minimum requirements for establishing such a section should include a small lathe, bench or wall grinding machine, bench drilling machine, hand-operated fly press, foot-operated press and appropriate metalworking tools.

Some difficulty might be experienced from time to time in obtaining suitable production work. The products would normally be components for other articles and the continuous running of the workshop would depend on a steady flow of subcontract work from light engineering firms. Considerable care should be taken to see that the orders accepted were not beyond the capacity of the section's machines or the rehabilitees. It would also be necessary to have a good inspection system to avoid the expense entailed by spoiled batches of work.

In countries in which light engineering work was developing there would usually be a demand for semi-skilled machine operators of one sort or other. The only way to test suitability for this work and for subsequent vocational training courses is by actual trial on the machines. It should be remembered that inspection work could be done by rehabilitees whose talents and preferences lay in that direction.

(vi) Light Assembly and Miscellaneous Section

This section would be concerned with a variety of operations such as dismantling, assembling, sorting, processing and finishing a wide range of products. Its work could be distinguished from that of the other sections because it was light and sedentary work and, although some of it might call for some skill, it would not normally require the use of the tools and appliances used in other sections. A variety of materials such as plastics, textiles, wood, metal, leather, etc. would be used.

The work provided should be related as far as possible to kinds of work available in factories, for example, domestic and industrial sewing machines could be used in a textile industry area, and much of it would be obtained as subcontract work. Where this would not

provide sufficient work, orders from private persons might be obtained to fill the gaps.

As the work would be light and mainly sedentary it would be suitable for wheelchair cases. Some of it would be monotonous but this would be no disadvantage because the team would need to assess the reactions of some rehabilitees to this kind of work and find out whether they could keep up a reasonable output under such conditions. A small element of interesting craft work might be included. A short spell on handicraft work might assist the rehabilitation of one or two individuals, awaken their interest when nothing else would and perhaps encourage them to tackle other jobs later in the course.

(vii) Clerical Section

This section would be concerned with three broad types of rehabilitees:

- those who could be expected to reach a sufficient standard to go on to clerical training or, if they had had previous experience in clerical work, to go directly to a job after brushing up their knowledge;

- those who could not be expected to reach that standard but who might subsequently be placed in simple clerical or sub-clerical work;

- those manual workers who needed to brush up their workshop arithmetic to enable them to pass the test for entry into a vocational training course.

The first two groups would usually remain full time in the section until they were ready for training or placing; the last would usually attend for an hour or two a day, or a few full days, to practise textbook problems under the guidance of the instructor.

The first two groups should be employed in realistic conditions, ideally by taking part in the clerical work of the centre in all its phases, such as keeping time records, preparing wage or allowance sheets, recording receipt and issue of stores, filing, etc. Where the volume of work available would limit the extent to which this could be done, substitutes would have to be devised.

Whilst practice in commercial arithmetic, correspondence, office routines, etc. could be given through the medium of textbooks, it would be more effective if the operations could be performed on dummy wage sheets, stores records, ledgers, etc. This would provide a test of an important aspect of office work - neatness. Facilities for shorthand and typing should also be provided for those with experience who needed to regain their speeds and to give an opportunity for assessing any rehabilitee who wanted to work as a typist.

(viii) Gardening Section

This section would be provided for those who would be going to some kind of outdoor work, for whom outdoor work was needed as a part of physical or mental recuperation or whose capacity for horticultural or agricultural work had to be assessed.

Such a section would be an essential feature of a centre situated in a rural area, but in one situated in an industrial area scope would be limited to keeping the gardens and other amenities surrounding the centre in order if no plot of land was available. It would be advisable to include making boxes, fences, concrete curbs, slabs, etc. in the section but it should be remembered that alternative work undercover, such as rough woodwork and concrete slab work, would be needed in bad weather.

This section would provide a good test of an individual's suitability for medium labouring work either indoors or outdoors.

(ix) Working Programmes

The various sections could not be run successfully without some kind of working programme, but it would not be necessary to draw up a detailed syllabus of the kind required in a vocational training centre.

The instructor in each section should devise a programme covering the maximum period of the course which might include the time to be spent on the various tools and other operations of his section. It would probably be impossible to adhere to it rigidly because of variations between individual rehabilitees but it would form a working basis.

The proposed programme would be submitted to the workshop manager for agreement and, by him, to the centre manager for approval.

(x) Section Reports on Rehabilitees

The individual rehabilitee's capacity to undertake successfully the operations on which he has been tested is an important factor in the determination of his final resettlement plan by the centre team in case conference.

The section instructor should prepare progress reports on the individual rehabilitee's progress before each case conference and at any other prescribed intervals and submit them to the workshop manager. The workshop manager would discuss any relevant points, particularly those which arose from his own observations of the rehabilitees, with the instructor and present the report at the case conference.

Individual instructors would have different methods of assessing the individual's temperament, capabilities and progress which might render comparison difficult. A standardised report form should be devised which would avoid these difficulties. A pro-forma specimen of such a form is given in Appendix 10 which should be adopted to meet the needs of particular circumstances and countries.

(xi) Timekeeping

In order to maintain the industrial atmosphere rehabilitees should keep the working hours of the centre (or such reduced hours as the doctor might have prescribed). The necessary recording might be done by using a time-recording clock but in many developing countries this would be impracticable. The alternative would be to maintain an attendance register, at the entrance or in the reception

office, in which rehabilitees would record their arrival and departure times. The record would provide a means of checking the frequency of absences and the reasons for them and also give information on which payment of allowances (if any) would be based.

(xii) Safety in the Workshops

Whilst this subject is mentioned last, safety is of primary importance in the workshops. The responsibility for safety should be placed on either the workshop manager or a specific section instructor who should see that the rehabilitees were informed both orally and by wall notices about the safety regulations, that they were observed and take disciplinary action for failure to comply with them. The safety measures adopted would include:

- provision of adequate safety devices for machinery and insistence on their proper use at all times;
- well-marked, strictly maintained, free aisle space;
- clean floors free of obstacles which might constitute hazards to staff and rehabilitees;
- orderly arrangement of all materials and objects in the workshops and stores;
- careful stacking of materials to eliminate the possibility of falling objects;
- regular safety instruction on the proper methods of lifting, carrying and bending; and
- adequate first-aid service given by the nurse or, if there was no nurse, by a designated member of the staff with first-aid knowledge who would be immediately available.

Copies of the general working rules of the centre should also be posted in each section.

(b) Centres in Course of Development

In many developing countries it might not be possible to open a centre with all the facilities mentioned above. Whilst the general principles indicated would apply to the sections in which operations were commenced, the working programmes, reports, timekeeping and safety regulations, some modifications would be necessary in the number and layout of the sections.

For example, if the centre commenced operations with only two workshops with a capacity of 20 to 30 rehabilitees it would be impracticable to set up an allocation section. The tests usually carried out in that section would have to be carried out in the workshops.

In order to provide as wide a variety of work as possible it would also be necessary to amalgamate two sections, for example, bench engineering and machine operating in one; woodwork and miscellaneous work in the other. This would reduce the number of

places for each original section to 6 or 7 which might well be adequate in the early stages of development when there might be few applicants.

Similar considerations, appropriately modified would apply to centres which were designed, when fully developed, to cater for 40 to 60 rehabilitees only.

(c) Centres in Rural Areas

Whilst the principles enunciated above apply in general to centres in rural areas the types of work provided and the organisation of the sections would be different.

Many developing countries are pastoral and/or agricultural with a limited industrial growth of recent origin. In such cases disabled persons must be resettled in their home environment and many would have access either to their own land or a relative's or land obtained free or rented from the chief. Emphasis should therefore be placed on a rural programme designed to make them self-supporting at village level.

This might well be achieved by providing facilities for learning small animal farming (poultry, goats, pigs, sheep, etc.), rural house building, home tailoring, shoe and sandal making and rural crafts such as carving, weaving, leather work, bags, basketry, dress ornaments, table lamps, etc.

Contrary to the general practice it would not be uncommon to find that assessment and vocational training were combined in one centre, the objective being to produce a village handyman who would, subject to his preferences and residual capacity, learn three or four trades.

In developing countries which had advanced beyond the village subsistence level similar types of work appropriate to the country might be introduced with the objective of employment in an existing co-operative or one created specially for disabled persons, in self-employment, in sheltered employment, or in home-work. Vocational training for this would usually be given either in the co-operative, in a rehabilitation centre or in a sheltered workshop.

The sectional organisation of the workshops would depend on the particular circumstances of each case.

CHAPTER 5

IDENTIFICATION AND SELECTION OF REHABILITEES

1. Identification

Vocational assessment and work preparation centres are provided for the benefit of disabled persons who need such services before they can be placed in suitable employment.

A country might have a definition of a disabled person prescribed in legislation designed to assist the employment of disabled persons; it might well follow the definition indicated in ILO Recommendation No. 99 of 1955 or have some other type of definition.

It would be necessary to have some sort of definition in order to determine what types of persons would be eligible to use the services provided. If no definition existed it would be advisable to study the suggestions made in the Manual on Selective Placement of the Disabled[1] in order to arrive at a suitable definition. The definition adopted should be simple; workable in the conditions obtaining in the country and clearly worded.

2. Sources of Potential Rehabilitees

Potential rehabilitees might be found registered with an existing employment service; some might be referred by hospitals, private doctors and voluntary organisations working for the disabled and some would apply following publicity about the existence, objectives and methods used in the centre.

Recruitment should always be on a voluntary basis as compulsion would be likely to affect the individual's reaction to the course and his full co-operation must be obtained if final resettlement is to be achieved.

3. Selection of Rehabilitees

The decision whether or not to admit particular applicants to the centre, usually made by the centre manager after consulting the reports of the doctor and the placement officer, would in many cases be difficult to make. This would be particularly so where the centre was the first of its kind in the country and there was little or no previous experience to serve as a guide.

No one could predict with any certainty how far a rehabilitation course would change a person's attitude and situation, although as the centre developed, research into the results obtained from previous courses would help to measure the success achieved with different kinds of disabilities and different kinds of people. It

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[1] Ibid., Chapter I.

would hardly be practicable, and probably unwise in any case, to lay down any rigid rules about standards of selection. The notes which follow are intended to draw attention to some points which should be considered.

(a) Doubtful Cases

In the early stages of the operation of the first centre in a developing country, lack of experience would tend to raise doubts about applicants who would, when further experience has been gained, be readily regarded as suitable for admission. Even when experience had been gained there would be doubts about some of them.

For example, the doctor might advise rejection on the grounds that the applicant was unlikely ever to have the physical capacity to undertake full-time employment. (But if he was able to perform part-time work and could be trained as a homeworker or to assist on a subsistence farm, keep poultry or perform rural craft or similar work on this basis it would probably be desirable to attempt to rehabilitate him.) Normally, he would only be rejected without further consideration if he was completely incapable of undertaking any kind of work at all.

The placement officer might advise rejection because prospects of employment after the course seemed remote. Advice of this kind should also be considered carefully because the question would be not whether he could get work now but after he had completed his course. For example, he might live in a small village and have little prospect of employment because his disability prevented him from travelling to the nearest town. A rehabilitation course might produce such substantial changes in his mental outlook and physical performance that travelling to work would cease to be a problem. Again, a youth who was unwilling to leave home for the skilled training which might be the key to his resettlement might, during the rehabilitation course, realise that his future depended on taking this step. Thus, before rejecting an applicant on the grounds of poor employment prospects, due allowance should be made for the improvements in attitudes and physical capacity which are frequently achieved by those attending rehabilitation courses.

(b) Deferment of Decision

In some cases it would be desirable to defer taking a final decision until some specific points about the case had been cleared, for example, if it was proposed to reject an applicant because he was apparently ready for immediate employment he should be interviewed to ensure that this was, in fact, the case.

Preliminary interviews would also be used to enable the doctor to clarify or add to the medical evidence. If he considered that further medical treatment would be desirable, further consideration of the case should be deferred until the results of such treatment were known. The psychologist might use this interview to make a brief assessment and the social worker might find out whether there were any social problems which would have to be solved before the worker could enter the centre or give his best on the course. For example, an applicant might be living in very poor circumstances and might need to be given clothing and in some cases food and housing.

It would also be useful, at the same time, to let the applicant see the centre and its working methods.

(c) Acceptance for Admission

In deciding whether to admit an applicant the centre manager would have to call upon his experience and, in the case of the first courses at the first centre in the country, he would most likely have to work on a trial-and-error basis. He would gain experience from the results of these courses and would begin to know what results might be expected in different types of cases. He would also remember very well the apparently hopeless cases which had ended successfully and ask himself whether he should take a chance on this particular case. He would not, of course, expect to achieve such a high proportion of success with this type of case.

It would be worth while exploring the possibilities very fully before rejection, asking himself what was preventing the applicant from working and whether the obstacle could be removed. If, for example, it seemed to be some domestic or social problem he would consult the social worker.

Every application should be treated on its merits as an individual case. The centre manager must guard against any tendency to form the mistaken fixed view that some categories of applicants, such as persons over a certain age, epileptics, etc., were never likely to be successful. He must remember the wide variations in character and attitude between persons of the same age or with the same kind of disability.

It is not suggested that no application should ever be rejected. Some would have to be rejected on sound medical grounds, but the centre manager should remember that the service has been provided for those in need of help and that those most in need should not be deprived of its benefits. In the last resort the applicant should be given the benefit of the doubt. It is better for the centre to have tried and failed than not to have tried at all.

It has sometimes been suggested that the centre manager is bound to be influenced in making his decisions by the authorities which recommended the applicants and the importance of building up or maintaining their goodwill towards the centre. He might also be subjected to pressure from the family and people connected with the family.

It is important that the centre manager should give proper weight to a view strongly held by, say, a doctor who knew the applicant well and who also knew the work of the centre. It would not in the long run make for sound working relations with a hospital, general practitioner or other recommending source, if applicants who ought not to be accepted were accepted because of pressures from their sponsors. The important thing in such cases would be to make sure that the reasons for rejection were made clear to recommending authorities and put to them as tactfully as possible. All officers of the centre should take every opportunity of keeping the recommending authorities, the press, radio, television and interested members of the public in touch with the centre's work and foster on their part a clear appreciation of the types of cases with which the centre would usually be successful and the sort of cases which could not normally be expected to benefit from a rehabilitation course.

(d) Notification of Decision

When the final decision to admit or reject the applicant has been made, both the applicant and the sponsoring authority should be informed. If the applicant is accepted he should also be told when he might expect to commence his rehabilitation course. If he is rejected, he should be given a simple and tactful explanation of the reasons either in writing or by interview.

(e) Priorities in Admission

When the centre commenced operations it might well be that, because publicity about it had not achieved the success anticipated, there would hardly be enough applicants to fill it to capacity. In these circumstances it would probably be necessary to accept applicants who, at a later stage, might be rejected in order to get the centre working. As was explained earlier in this chapter, this might well have the advantage of enabling the centre manager to gain experience about the types of cases which would be likely to be successful or unsuccessful. (See also Chapter 2, section 4).

Once the activities of the centre became better known it would be likely that more applications would be received than the centre could cope with at any one course and a waiting list of acceptable applicants would have to be created.

The question of which of the applicants should be given priority in admission would then arise and there is no really satisfactory long-term answer to it because rehabilitation should be a continuous process and delays in passing from one stage to another should be avoided wherever possible.

The centre manager would have to decide what he was going to do and he might have no alternative but to adopt, at least temporarily, more stringent standards of selection so as to give priority to those who were clearly in need of the centre's services and who would be most likely to benefit from them.

In practice this might mean that priority would be given to those who had had a recent accident or illness and would be able to return to their former jobs after a short period of remedial exercises and work practice to get them accustomed to full-time work again. The next category might be those who had suffered similarly but whose remaining physical capacity called for a change of job and who would therefore need vocational assessment in addition. The remaining places at any one course would be filled by those of lesser priority, probably finishing with those who had never worked before.

If there were no cases in the priority categories suggested above and a waiting list was necessary, priority would normally be given to those in the younger age groups who appeared most likely to benefit from the course because they would be a valuable long-term addition to the country's labour force.

CHAPTER 6

CASE CONFERENCE PROCEDURE

The importance of team work in the centre has been stressed in Chapter 3. The need for such teamwork is greatest in the case conferences which decide the rehabilitation plan for each individual and which secure his agreement to it. This chapter describes the procedure which is commonly followed in such conferences.

1. First Case Conference

Each new entrant, whilst he was in the allocation section during the first few days of his course, would normally have been examined by the centre doctor, interviewed by the social worker and the placement officer, tested and interviewed by the psychologist (where there was one) and have been observed at work by the workshop manager who would have made some measure of his performance in the workshops.

Whilst the team members would have exchanged some information about each case, the first objective of this case conference is to bring their individual impressions and information together so that the rehabilitation problem can be seen as a whole. In doing this the team would have to:

- decide whether the new entrant was likely to benefit from the course (if not, the course should be terminated; for example, if it was found that, contrary to the impression formed at the selection interview, he was not yet fit enough medically);
- try to determine what exactly had so far prevented resettlement;
- form some idea of what the ultimate recommendation might be to enable the placement officer to explore placing prospects tentatively with the local placement office, other organisations or employers;
- plan the course accordingly.

Each member of the team would present a report on his findings and the case conference discussions would go far beyond questions of fact about workshop performance. They must include other factors such as medical considerations, home background, placement prospects or lack of them, doubts about mental capacity to learn a semi-skilled or skilled trade or even to work at all.

If the centre manager is to be an efficient chairman he must, whilst relying on the other members of the team to give details of each case from their own viewpoints, have sufficient personal knowledge of the individuals discussed to enable him to reconcile differences of opinion if necessary and guide the discussion to a practical conclusion. He should therefore take every opportunity of getting to know something about each of the new entrants through informal talks with them in the workshop, or, if he considers it necessary, by interviewing them privately.

In practice it is not usually necessary for the workshop instructor, the nurse and the remedial gymnast to attend the conference as they will have briefed the workshop manager and the doctor about any special information the case conference should know. It would be advisable to let them sit in from time to time so that they could become familiar with the procedure and it might be necessary for them to attend whilst a particularly difficult case was being discussed.

The duration of the case conference is necessarily limited and experience would determine how many cases could be dealt with in a session of, say, two hours. It is the chairman's duty to see that each case is thoroughly discussed. He should try to prevent team members from repeating information already known to all of them and see that straight-forward cases were disposed of quickly so as to leave adequate time for discussion of the more difficult ones.

The best way of dealing quickly but thoroughly with the case list would be to have a recognised order of speaking so that the facts were considered in as logical an order as possible and repetition avoided.

Usually, the doctor should be the first to give the team an account in layman's language of the expected course of the illness or injury and its restrictive effects on employment. The social worker could then draw attention to any circumstances in the social background affecting resettlement. The placement officer could provide a brief assessment of the employment record (if any) together with his impressions of the rehabilitee as a placing proposition. Looking at the case from the standpoint of a possible future employer, the workshop manager would report on performance in the workshop, for example, on his ability to use tools, rate of output achieved, attitude and behaviour at work, and mention any absences and instances of bad timekeeping. The psychologist (or, if one had not been appointed, preferably the placement officer) could give the results of his interviews and such tests as he had been able to carry out and, on the basis of these, a provisional view of what the rehabilitee's vocational future might be.

When the reports had been presented the rehabilitee's case would be discussed and the provisional workshop allocation and rehabilitation programme agreed by the team after considering any objections any member of the team had, from his own standpoint, to the proposed course of action. Specimen forms suggested for use in reports to case conferences by the workshop instructors, centre doctor, psychologist, social worker and placement officer are given in Appendices 10 to 14.

The rehabilitee, who would not usually have attended the case conference unless some specific point had arisen which required his attendance, should be told about the result of the case conference by the psychologist or the workshop manager. The latter would also inform the rehabilitee's instructor about the details of the proposed working programme.

2. Interim Case Conference

The final task of the first case conference would be to decide whether it would be necessary to consider the individual rehabilitee's case again before the final case conference held towards the end of his stay in the centre. No hard and fast rules can be laid down as to whether an interim case conference should be held about any particular case.

In straight-forward cases an interim case conference would not be necessary. Where, on the one hand however, the rehabilitation programme appeared to be beset with difficulties and, with the available information, the team was not clear about its ultimate course, or where, on the other hand, it was doubtful whether resettlement in employment would be possible, it would be desirable to review the case again.

Social, vocational and placement problems might exist which would take some time to solve. The doctor might not be satisfied about the ability of the rehabilitee to undertake full-time work. The rehabilitee's attitude to work might be discouraging.

Prompt action should be taken by the appropriate officers to clear the difficulties arising. The social worker might have to clear points about home background either by a house visit or by securing help from a social welfare agency. The placement officer would have to ascertain what the placement prospects were in the occupation suggested. The workshop manager and the psychologist (if any) would brief the individual and the workshop instructor where a change of allocation was considered necessary. The doctor might wish to obtain a specialist's opinion. The enquiries should be thorough and aimed at completing the full picture of the rehabilitee's position and special difficulties.

Much more would have been learned about the rehabilitee during the second and third weeks of his course than in his first week in the allocation section, particularly about his response to rehabilitation techniques.

The first case conference should fix the review date, in the light of the circumstances of each particular case and not in accordance with a customary pattern or a fixed period in the centre. In general, it should be held about two weeks after the first case conference, but the date fixed should be regarded as provisional only and there should be no hesitation about changing it where circumstances so dictated.

The aim of the interim review is to determine the final shape of the rehabilitation programme and it might well also decide the length of the rehabilitee's stay in the centre.

The comments above would be applicable generally to the larger, well staffed centres. In small centres with a limited maximum capacity and a limited staff it would probably be preferable to deal with interim case conferences on a more informal basis, covering the points which had arisen on an "ad hoc" basis between the staff concerned and the centre manager.

6. Final Case Conference

Before any rehabilitee leaves the centre his case should be reviewed in a final case conference. This should preferably be held about two weeks before it is anticipated that his rehabilitation would be completed. This arrangement would give the placement officer a reasonable time in which to follow up his earlier inquiries and to secure the rehabilitee's placement in a suitable job, or to arrange this with a local placement officer (where there was one) in a more distant area.

It is a principle of rehabilitation work that each rehabilitee should be resettled as quickly as possible. This is not only because most of the benefits of the course might be lost if there was a long gap between completion of the course and subsequent employment but also because his place at the centre could be filled by another disabled person who was in need of these services and had had to wait for them.

The date of the final case conference should, therefore, be fixed on a flexible basis bearing in mind the needs of each individual case - at an early stage in straight-forward cases requiring a short period of physical reconditioning prior to returning to a former job; at a later stage in cases where a rehabilitee recovering from illness or injury could not return to his former occupation and it was necessary to determine in detail what kind of work he could do, or, again, where a rehabilitee was making slow progress and further time was required before it could be decided whether he would ever be able to work in the suggested occupation or even be employed at all.

The most important feature of the final case conference is the final report on, and the recommendations about, the future employment of each rehabilitee who is due to leave. This report should be drafted in advance and agreed at the case conference. Where a psychologist was in post he would normally prepare the draft taking into account the final reports of the other members of the team. Since it is unlikely that such an officer would be in post in many developing countries - even one working on a part-time basis of a few hours per week would probably not have time to complete the form - the report could be prepared by the placement officer. Before the case conference the officer responsible for drafting the report would normally wish to interview the rehabilitee again, if only to ascertain that the provisional or possible recommendations were acceptable to him.

The importance of the contents of the final report cannot be overstressed because it is the basis on which the placement officer must seek employment for the rehabilitee. If the recommendation was not clear, much of the vocational assessment and other work of the centre might be lost. The report would normally contain information about:

- impressions formed and physical condition, including details of any working environments to be avoided;
- social background and responsibilities;
- educational and occupational attainments;

- intelligence, abilities and workshop performance;

- adjustment to disability and disposition;

- attitude towards work and aspirations.

The report would conclude with detailed recommendations about the type of employment considered to be suitable and examples of likely jobs; the type of subsequent vocational training (with alternatives) to be taken if the rehabilitee was considered suitable for training as a semi-skilled or skilled worker and any other information likely to assist the placement officer. A specimen form which might be used for this purpose is given in Appendix 15.

The report would be passed to the appropriate placement officer for immediate action. Where vocational training was recommended the placement officer would arrange for the rehabilitee's transfer to the appropriate vocational training section if training was being conducted in a centre linked to the vocational assessment centre. If not, the placement officer would have to seek a place for him either with an employer or with some other vocational training institution.

Finally, the case conference would decide the terminal date of the course. Before the departing rehabilitees left, the centre manager would have a final meeting with them either as a group or in an individual interview where he felt it would be desirable, for example, in a case where finding suitable employment was proving difficult and the rehabilitee was leaving before he had been placed.

This final talk should be designed to encourage rehabilitees to face their first employment interviews and subsequent employment with confidence, describe the efforts which would continue to be made for those who had not yet obtained employment and assure the rehabilitees of the continued interest of the centre staff in their future progress. It should also give the rehabilitees an opportunity to make criticisms of or suggestions about the methods used in the centre.

4. Follow-up Procedure and Case Conference

Since the centre has a continuing interest in the rehabilitees after they have left, a follow-up system should be devised to ascertain the results of the centre's resettlement activities. The reasons for and the methods of the system should be explained to rehabilitees by the placement officer, workshop manager or an instructor before they leave, if this has not already been done by the centre manager in his final talk.

It is suggested that the first follow-up inquiry should be made three months after the rehabilitee's termination at the centre, followed by a second after six months should the results of the first follow-up indicate that this was necessary, for example, if the rehabilitee had not yet found employment or was in process of changing his job.

The follow-up method usually adopted in highly developed countries is to send a letter of inquiry to the rehabilitee asking him to say what his job is, whether he is settled in it or not and

if not, why not. This method might prove impracticable in a developing country where there was considerable illiteracy and/or where changes of address were frequent and were not notified to the centre. In countries of this kind the following methods would probably prove to be more practicable:

- where there was an existing employment service or some other employment agency, the centre placement officer would write to the appropriate local officer and ask him to interview the rehabilitee and report the position;

- where there were no such facilities and placements were effected by the centre direct, the centre placement officer could obtain the required information through informal talks with the employer and the rehabilitee during the course of his normal contacts with employers.

Whilst the follow-up system is valuable in ensuring that resettlement has been effected, the information obtained enables the centre to judge the effectiveness of the centre in the light of the results obtained. It would, therefore, be good policy to hold periodic case conferences to discuss the latest batch of follow-up reports received and examine the results obtained in relation to the recommendations made at the final case conference.

An attempt should be made to decide in each case whether resettlement could be regarded as satisfactory or not, whether any useful lessons could be learned about deciding whether to accept or reject particular types of cases and whether any changes in the centre's procedures, workshop methods, method of framing recommendations, etc. appeared to be necessary. The centre manager should also bring the most interesting cases, particularly the unsuccessful ones, to the notice of instructors at special group meetings.

This case conference and the related group meetings of supervisors could also discuss the periodical statistical information about the centre's activities and the reasons for any variations. Copies of statistical information should be circulated to all staff.

It might often be useful to prepare a simple weekly or fortnightly list of placements effected which would keep the centre staff abreast of the results and, to some extent, of the employment situation in the area. The lists might also be displayed in the centre to encourage those rehabilitees who had not yet reached the placement stage.

CHAPTER 7

VOCATIONAL TRAINING OF THE DISABLED

The need for the vocational assessment and preparation for work of the disabled before they can be resettled satisfactorily into employment and the methods by which this objective may be attained have been discussed in the previous chapters. Some disabled persons are able to undertake more highly skilled work which calls for vocational training in specific trades which is not normally carried out in the type of centre described in the preceding chapters, although such vocational training may be given in a centre associated with it. In view of the fact that in some developing countries misapprehensions exist about this subject, it has been considered desirable to make suggestions about the need for and the best methods of conducting vocational training of the disabled.

1. Who Needs Vocational Training?

Experience has shown that in some developing countries the view is taken that disabled persons cannot be placed in employment unless they have undertaken long-term training for the occupation considered to be most suitable for the individual in a centre specially designed for this purpose. This is not necessarily true.

Some disabled persons, because of the severity of their disabilities, may be unemployable and must be left to the care of the welfare and social services.

Others, owing to limited intelligence, lack of education or poor physical condition, will not have the mental or physical capacity to absorb training for highly skilled occupations. Their avenue of resettlement will be in unskilled or semi-skilled work which does not call for long-term vocational training but only a short period of on-the-job instruction.

There are, of course, several factors which must be considered in determining a disabled person's suitability for vocational training. These may be listed as follows:

- he must have the necessary level of intelligence, educational background, work experience or potential aptitudes to be able to derive benefit from the particular course;

- he must have the capacity to match up to the physical requirements of the actual trade;

- he must have the interest, determination and necessary adaptability to absorb training and make good in a new occupation. (These qualities can often offset quite a serious disability);

- he must have reasonable prospects of placement in the training trade on completion of training.[1]

2. Where Should Vocational Training Be Given?

In the case of disabled persons who are suitable for longer-term vocational training the question of where this training should be given needs careful consideration.

There is a noticeable tendency in developing countries for the responsible authorities to think that such vocational training would be impossible unless a special training centre was built for this purpose. It is then discovered that adequate budgetary or other funds cannot be obtained, the project has to be abandoned and the full development of vocational rehabilitation services suffers in consequence.

This chapter draws attention to some important points which need consideration before it is decided that special vocational training centres for the disabled should be established and sets out some possible solutions to the problems arising. Because circumstances vary in every country in course of development, the suggestions are intended to be a basic guide only - adaptations to meet local circumstances would be necessary.

(a) Primary Considerations

Before any steps were taken to commence a vocational training course it would be advisable to find answers to the following questions:

- is the training to be conducted on a national scale? If not, would it be given in the first instance only to those resident in, or near, the capital or other large towns where "industry" in the broad sense of the term is mainly carried on?

- what is to be done about disabled persons living in agricultural and other rural areas? How far could craft and repair work on equipment, etc. be developed in addition to the normal agricultural and similar pursuits?

- how and where would rural workers be trained, be employed subsequently and dispose of their products? In developing countries which are predominantly rural with little manufacturing industry these problems would have to be solved first;

- how many disabled persons in the area in which it is proposed to commence operations need such vocational training?

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[1] See also Chapter IV "Basic Principles of Vocational Rehabilitation of the Disabled" 1967 (D.37.1967), ILO, Geneva.

- would there be likely to be a future flow of applicants sufficient to keep the training courses running once they had started?

- what employment opportunities in the more skilled occupations were likely to be available for disabled persons and what were the occupations concerned?

- would employers, where employment was likely to be under some form of contract of service, be likely to co-operate by engaging suitable, trained, disabled persons?

(b) Some Possible Answers

(i) Where to Start

Unless the developing country was one with ample financial resources (e.g. oil producing), government allocations for developing vocational programmes for the disabled would no doubt be rather limited.

Unless it was practicable to obtain in addition the regular proceeds of national lotteries or unless substantial funds could be raised from other voluntary sources, it would generally be desirable to start vocational training for the disabled on the basis of a modest pilot scheme which might subsequently be extended as its economic value was seen and as funds became available.

Where industry, commerce, transport and communications were developing rapidly in the capital or some other large town it would be advisable to commence operations there and to restrict entry in the first instance to those living in, or within easy travelling distance of, the place selected. This would avoid the need for providing living accommodation at the training centre.

If, however, the country was almost entirely dependent on agriculture, horticulture, fishing, forestry and allied industries (e.g. rubber growing; tea planting; sugar plantations, etc.) and there was little development of manufacturing industry, entirely different considerations would apply.

Here it might be desirable to find out how many of the farms, etc. were of relatively small size, how far training of the workers in more modern methods would improve production and how the disposal of the products of the small farmers, etc. could be improved. The development of local crafts and cottage industries, and training in the repair of implements should also be considered.

Probably the best method of ensuring development of this kind would be the creation of productive and selling co-operatives with the assistance of the department of co-operatives or some similar body existing in the country. Such co-operatives should ideally employ both able-bodied and disabled persons. If this was impracticable, separate co-operatives should be established for the disabled. These, again, should preferably be started on a pilot scheme basis in the most suitable area and expanded as financial

resources became available. Vocational training would be given, as necessary, within the ambit of the co-operative which might start a sheltered or occupational workshop making such things as simple jewellery, lampshades, candle holders, lace, ceramics, Christmas or other greetings cards, etc. from available local materials.

(ii) Number Requiring Vocational Training

It is difficult to ascertain how many disabled persons in any given area are in need of long-term vocational training.

Some developing countries include details of persons suffering from obvious disabilities such as blindness, deafness, loss of one or more limbs or parts of limbs, etc. in their national population censuses. These figures, whilst they are some indication that the country has a more or less significant problem with disabled persons, are of little value for the purpose we have in mind because they include persons of all ages, do not indicate whether they are potential workers or not and are included according to the views of census takers on what is or is not a disability.

It would be useless to organise training facilities for disabled persons unless there were sufficient of them to fill the places available and to keep them filled after the end of the first courses. How could this necessary information be obtained?

If the country was fortunate enough to have a centre of the type described in the preceding chapters, the results of vocational assessment work would identify those who were suitable for further training and, as a result of the assessment process, such persons would have excellent prospects of succeeding in the selected training trade. It has been demonstrated in fact that the failure rate among disabled trainees who have been vocationally assessed is lower than that of able-bodied trainees who have not gone through this process.

In many developing countries no vocational assessment facilities of this kind exist. Nevertheless, an attempt must be made to ascertain the size of the over-all vocational training problem.

It is clear that the need to consider the problem would not arise before vocational rehabilitation services had become reasonably well established in the country. The work would most likely be under the control of the ministry or department of labour or social welfare or of an office of vocational rehabilitation attached to one of these ministries: disabled persons would have been registered and some kind of placement service for them would have been started.

Interviewing and vocational counselling of the disabled are very important aspects of the placement process. (See Chapters III and IV of the Manual on Selective Placement of the Disabled.)[1]

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[1] Manual on Selective Placement of the Disabled, op. cit., pp. 11-24.

Intelligent use of these aspects would produce some information about disabled persons who might be suitable for long-term training. For example, the fact that a disabled person made small wooden articles as a hobby might indicate that he could be trained as a bench carpenter or cabinet maker; if he was interested in repairing his own radio or television set he might be trainable as a radio/television mechanic; a woman who used a sewing machine might be trainable as a dressmaker and designer.

Action of this kind would help towards getting a rough idea of the size of the problem. More precise information would be obtainable if some ministry or other body already had vocational assessment facilities and could be persuaded to assist the authority responsible for vocational rehabilitation. For example, the ministry of education might be running prevocational training for older pupils or might have vocational assessment services attached to a vocational training school for those who were going into industry after completing their normal schooling.

So far as the flow of cases to maintain the courses in being after their introduction is concerned, examination of the cases of individuals who had suffered accidents at work, in the street and in the home would help to indicate how many persons who had been skilled workers would need retraining for a new occupation which their residual working capacity after the accident permitted them to perform. Information of this kind could be obtained through the ministry or department responsible for paying industrial injury or disablement benefits if such payments were made in the country. Information about similar cases arising from the more serious diseases and illnesses might be obtainable through the ministry of health and consultation with medical practitioners on individual cases.

(iii) Employment Opportunities in Skilled Occupations

It would obviously be a waste of time and money to set up vocational training courses in an occupation for which there was no labour demand. It is most important, therefore, that the current and potential demands of the labour market should be examined closely before any decisions are taken.

If the responsible authorities had been in the habit of collecting information from employers at regular intervals about current and future labour demands - commonly called employment market information - the necessary details would be readily obtainable. If this was not done, the planning commission or equivalent authority might have some information which, whilst perhaps not assembled in great detail, would help. Such figures might exclude the number of skilled workers who would be brought initially by expatriate contractors or firms establishing an industry new to the country but it should be verified that this was so.

Failing either of these, it would be necessary to obtain the views of employers about present and future shortages of skilled labour of particular kinds, for example, carpenters, electricians.

radio mechanics, automobile mechanics, etc. Inquiries of this kind should be made through employers' federations for particular industries or employers' consultative associations (where they exist) who would be able to give a better picture of the potential needs of particular industries. An approach to individual employers would be time consuming and should only be used as a last resort.

The foregoing remarks also apply in general to the consideration of the need for vocational training in "agriculture" in its broadest sense and in the development of rural craft and tourist souvenir work. Inquiries about the potential demand would usually be made of the ministries of agriculture and tourism, the department of co-operatives, rural craft and tourist associations according to the type of occupation concerned.

(iv) On-the-Job Training by Employers

Unless employers are prepared to employ some suitable disabled persons, even though plenty of able-bodied persons are available, little progress will be made in the development of vocational rehabilitation services, the ultimate object of which is to ensure that those who suffer from some form of physical or mental handicap become working members of the community. Guidance on methods which may be used to stimulate employers to do this is given in Chapter IX of the Manual on Selective Placement of the Disabled.[1] In circumstances of this kind they would be more likely to be willing to employ disabled persons who could undertake semi-skilled and skilled work rather than those who had only limited capacity and could only perform more menial work.

Employers themselves have a role to play in the vocational training of the disabled. Many jobs of a semi-skilled nature require a relatively short period of training before the workers become proficient. For example, a worker employed in a modern factory using a conveyer belt system could, in the course of a few weeks, become proficient at sewing collars on a shirt, inspecting beer or soft drink bottles for cleanliness and purity of contents, seeing that a cigarette packing machine is functioning properly or performing one operation in the assembly of a radio set or the making of electric batteries.

Training for this kind of occupation is given on-the-job by the employer; all he needs to know from the placement service is that the vocational assessment process has indicated that the disabled person he is being asked to employ could use a sewing machine, or concentrate his attention on a specific object, or was sufficiently nimble-fingered to be able to position small parts of a larger assembly such as a radio set.

On-the-job training could be given equally well in less modern workshops and factories, particularly where proficiency in the occupation could be attained in a comparatively short period

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[1] Ibid., p. 37.

(e.g. six months or less). Employers should be encouraged to give the training themselves wherever it is possible and so avoid the expense of establishing centres to cope with short-term training of this kind.

In some countries it has been found helpful to offer the employer some inducement to take in and train disabled persons. For example, where trainees in a vocational assessment or training centre are given cash allowances to maintain them whilst undergoing training, an allowance on similar lines might be paid over an agreed training period to the employer who was training the disabled person himself. This might be done in several ways, for example:

- the employer might pay the worker the normal starting wage for the job and receive a subsidy equivalent to the training allowance which would have been paid to the worker if he had been undergoing training in a centre, provided that the subsidy did not exceed the starting wage;

- in place of the fixed subsidy, the employer might receive a subsidy on a diminishing scale as proficiency improved, e.g. 90 per cent of starting wage for first month; 80 per cent for second month; 60 per cent for third month and so on;

- the employer might pay no wages while the trainee received his training allowance throughout the agreed training period.

Arrangements of this kind appeal to employers, but the extent to which they would be a practical proposition would depend entirely on what funds were available to meet the cost of the subsidies or allowances.

(v) Co-operation with Trade Unions

It will always be desirable to discuss proposals for the vocational training and employment of disabled persons with the appropriate trade unions and with the national federation of unions if there was one. Such action would not only keep them fully informed but should also ensure that no obstacles would arise in securing the admission of disabled persons as full members of the appropriate union.

Some trade unions have agreements with employers that in the event of redundancy "the last to come is the first to go". An effort should be made to persuade both sides of industry that this kind of rule should not be applied to disabled persons. This is particularly important in a country in which legislation requires employers to employ a fixed percentage (quota) of disabled persons because application of the rule could lead to employers failing to satisfy the obligation placed on them by the law.

It should also be remembered that the advice and assistance of trade unions in drawing up training course syllabi and in selecting trainees for entry into specific trades, are invaluable (see b(vii) and (g) and (h) below).

(vi) Examination of Existing Vocational Training Facilities

In this section it is assumed that, as the result of inquiries made on the lines already indicated, it has been discovered that employers and trade unions have agreed to the employment of suitable disabled persons and that there is a steady and persistent demand, say, for bench carpenters in the building industry, cabinet makers in the furniture industry, welders and sheet metal workers in the metal working industries, dressmakers in the tailoring industry, and setter/operator machinists in the engineering industry. None of these trades could be thoroughly mastered in a short period of on-the-job training and longer-term training would have to be given. Where should it be given?

Most disabled persons can be trained alongside able-bodied persons although it might take rather longer to train some severely disabled persons. It is desirable that this should be done[1] because it gives the disabled person a sense of being a normal member of the working community and not a "disabled" person - someone apart from the rest - whose services are being tolerated from a sense of pity rather than for his ability to cope satisfactorily with his job. Notable exceptions to this general rule are:

- the blind who, because of their lack of sight, would need special training methods, possible adaptations to the tools or machines on which they were to work[2] and special methods of introduction to their working places and their jobs: and

- the mentally retarded for whom a job might have to be broken down into its smallest possible components so that they would need to perform only one simple operation.

The first line of approach would be to find out whether prospective employers in the industries mentioned above could give the vocational training themselves. If they were associated with an industry which had an apprenticeship scheme they might be able to absorb a few disabled school leavers of appropriate age into the scheme every year. If they ran their own training schemes for older newcomers to the factories they might equally well be able to engage suitable disabled persons for training.

In many developing countries it is unlikely that the solution to the problem would be as easy as that and inquiries would have to be made from other institutions undertaking vocational training, for example:

- vocational or trade training schools run by the ministry of education;

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[1] See Part III, paragraphs 5 and 7 of Recommendation No. 99 concerning vocational rehabilitation of the disabled, 1955, ILO, Geneva.

[2] For further information on this subject see: "Adaptation of Jobs for the Disabled", op. cit.

- vocational training centres established with the assistance of United Nations agencies or other forms of international bilateral assistance;

- vocational training centres run by local or national voluntary organisations for particular types of disabled persons.

Consideration should be given to setting up a special vocational training centre for the disabled under government auspices only after examination of all the existing facilities had failed to provide a solution to the problem.

(vii) Training Standards and Periods of Training

When it had been decided that building a special vocational training centre was inevitable the situation should be discussed with the appropriate employers' associations and trade unions. The main points to be settled would be:

- in what trades were there shortages of skilled labour;

- how many trained disabled persons could be absorbed annually;

- to what standard should they be trained; and

- how long should the training period be.

Information on the first two points should be readily obtainable from these discussions, although it should be remembered that it may become necessary to abandon one trade and substitute another for it owing to changing economic conditions. Making decisions on the other points would present more difficulty.

Of those trades in which there was a steady demand for labour (see section (vi) above), carpenters, cabinet makers, welders, machine setters and sheet metal workers would normally acquire their skills and become highly productive workers through a period of apprenticeship or other form of training lasting three years or longer. Dressmakers and machine operators would become proficient in a shorter period.

It would be impractical to attempt to train disabled persons in a special centre for as long a period as three years because once the particular courses were filled to capacity the only further intake for three years would be the small number required to replace drop-outs.

The aim of the centre should be to conduct training sufficient to give the trainee a sound grounding in the basic elements of the chosen trade on which his employer could build until the trainee became a fully skilled worker.

The standard which an employer would require before he would be willing to engage the disabled person is clearly a question for his decision and agreement should be reached on this point with employers of workers in the occupation selected, and the associated trade unions, before training is begun.

For example, if there was a shortage of bench carpenters and it was decided to train suitable disabled persons for this work the basic training would include learning how to:

- use hammers, chisels, hand saws, screws and nails;
- select the proper kind of wood and mark it out according to the relevant drawings;
- cut and shape it to size by sawing, planing and sanding;
- fit parts together by dovetailing, glueing, screwing, nailing or other means;
- assemble sections from ready-cut pieces.

These operations are often performed with hand tools, the use of which the trainee must learn, but the industry might be more modernised and many of the operations might be done with machine tools such as bandsaws, planers, wood-turning lathes, morticing machines, etc. It is important to discuss with employers whether they would require the trainee to have had experience on machines of this type before they would be prepared to engage him.

If they insist, machines of this kind are expensive and the available funds might be insufficient to permit their purchase. In these circumstances it should be explained to employers that unless they would be prepared to give or lend to the centre one or two machines of this kind it would not be possible to conduct basic training to this level. If agreement could not be reached on the basic training standard it would be well not to start training in the particular occupation.

Here again, provided that available funds permitted, it would be a good idea to offer the employer some inducement in the form of a cash allowance to undertake what is in fact "continued training". This would be lower than that suggested in section (iv) above for employers training completely unskilled disabled persons and might be, for example, some such figure as 40 per cent of wages for the first six months of continued training, 30 per cent for the second six, 20 per cent for the next six months and no payment thereafter.

3. Location and Establishment of Vocational Training Centres

(a) Location

When it has been decided that there is a need to establish a separate vocational training centre for disabled persons, the first question which arises is where it should be sited. The decision depends on whether it would be built in isolation or in conjunction with other rehabilitation facilities and, if the latter, what vacant land was available. For example:

- if it is to function in conjunction with a hospital which has vocational assessment and work preparation facilities attached to it, it should be sited alongside those facilities if vacant land is available;

- if land is not available, a site as close as possible to the other facilities should be sought;

- similar considerations apply if it was to be associated with a vocational assessment and work preparation centre not associated with a hospital;

- if it would be built in isolation because vocational assessment facilities were not available, a site should be chosen as near as possible to an industrial area or within easy reach of available employment in agricultural or rural areas.

(b) Construction and Equipment

A good deal has been said in Chapter 2 about the establishment of a vocational assessment and work preparation centre. In general, the remarks apply equally to a vocational training centre, but there are some special features which should be taken into account, for example:

- the machinery for use in this type of centre would be larger and heavier than that required for vocational assessment purposes, particularly if woodworking and metal trades were to be taught. Workshop doors should be wide enough to allow for putting the machines in and it might be necessary to reinforce the floors by adding concrete or other type plinths on which the machines could be installed;

- the lay out should be carefully planned to allow adequate room for free movement round the machines;

- floors should be designed to prevent the possibility of trainees slipping on them;

- if electric power is to be used, the cables connecting the supply to the machines should be placed under the floor to avoid hazards to the trainees;

- it would not generally be necessary to have a medical examination room but a rest room with first-aid facilities should be provided;

- the office accommodation required would depend on whether or not the centre was being run in association with a vocational assessment and work preparation centre (see the comments on staffing in (e) below). If it was, for example, the conference room might serve a dual purpose;

- storage accommodation might need to be bigger because spare parts and more expendable timber and metal would be required;

- unless training in agricultural and horticultural work, animal husbandry (e.g. pigs) and poultry-keeping was being undertaken, a plot of ground for this purpose would not be necessary.

(c) Residential Vocational Training Centres

If it appeared to be necessary to provide residential accommodation it is suggested that, in the case of a vocational training centre, this should take the form of obtaining lodgings or other accommodation outside the centre rather than building a hostel or similar living facilities within the centre. This is because the trainees would be trained to work in specific jobs alongside their fellow able-bodied workers and the sooner they became accustomed to the life they would have to lead when they start work on leaving the centre the better. In this way, too, the cost of building, supplying and maintaining hostel accommodation would be avoided.

(d) Financing the Centre

This would follow lines similar to those described in Chapter 2 but it should be remembered that:

- employers would probably be unwilling to give the centre expensive equipment and it would have to be bought;

- if the centre was in the same compound as other rehabilitation facilities, fewer offices would be needed because specialist officers such as social workers and placement officers could cover all sections of the combined centre.

(e) Staffing the Centre

The staff required for a vocational training centre would differ to some extent from that required for the vocational assessment and preparation centre described in Chapter 3.

It would not normally be necessary to employ a psychologist, a social worker or a remedial gymnast. Arrangements should be made with a doctor to attend in case of need and a nurse should be available to give first aid in case of accident or illness. If any social problems arose assistance might be obtained by referring the trainee to a social welfare department or organisation which should be able to solve them.

Where, however, the vocational training and vocational assessment and preparation aspects were linked in one centre, the doctor, the nurse, the psychologist and the social worker would be able to cover any cases arising in all its sections. It would also not be necessary to have two placement officers.

The basic qualifications and duties of the necessary staff would be similar to those required for the vocational assessment and work preparation centre except in the case of the workshop instructors.

The instructors would be giving basic training in a specific trade and must, therefore, have had a proper training in the trade, for instance through apprenticeship on sound modern lines and some years' subsequent works experience, and also know how to instruct and adhere to the training syllabus laid down.

(f) Working Hours and Holidays

The principles about working hours set out in Chapter 3 apply equally to a vocational training centre. The situation in relation to holidays is different.

Basic vocational training is usually given over a fixed period. There are, therefore, fixed intake and departure dates and it would be possible to close the workshops at the end of a course not only to allow the staff to take their leave but also to enable any major overhauls, redecoration, etc. to be carried out.

(g) Training Syllabi

It would be necessary to draw up proper training syllabi for each occupation being taught rather than the more simple type of work programme used in the vocational assessment and preparation centre.

These should be drawn up in conjunction with appropriate employers' associations and trade unions and the national training authorities, and taking account of syllabi for the occupations involved established by or with the approval of the national training authorities. This would ensure agreement on the methods and extent of the training which was to be given.

The centre and workshop manager might draft syllabi and submit them for discussion and agreement.

(h) Recruitment of Trainees

Where a vocational assessment centre was in operation the primary source of trainees would be those who, as a result of the assessment process, had been found suitable for training in one of the training trades.

Where no such facilities existed possible candidates for consideration might be:

- registered as disabled persons with an employment service;
- referred by hospitals and departments dealing with industrial injury and sickness benefits as persons who would need retraining for a different occupation;
- disabled school leavers referred by ministries of education or private schools;

- known to organisations working for specific types of disabled persons;

- persons making applications on their own account as a result of publicity about the centre.

Such candidates could not, of course, be accepted at face value. A good deal of information about them and their handicaps, personal preferences, etc., would probably be available in the documents, but they would have to be interviewed.

This would be a special type of interview because it would be necessary to examine in detail the individual's interests, hobbies, previous working history (if any), work preferences and educational level. Ideally, specific tests for each trade should be drawn up in consultation with employers' organisations and trade unions; otherwise some simple kind of written test should be given to confirm the impressions which had been formed, e.g. arithmetical and simple mathematical tests, ability to read and write where the occupation which appeared to be most suitable would call for the use of these. The tests would need in any case to take account of practice with respect to the selection of vocational trainees used in vocational training centres for the able-bodied and for any particular procedures on the subject of trainee selection prescribed by the national training authorities.

Following this it would be good policy to have the applicant interviewed by an employer and a trade union official connected with the industry in which the prospective training occupation was carried on. They would be able to judge much better whether he would be likely to make a satisfactory worker after training. If they felt he would not, they might be able to suggest a suitable alternative for consideration by the management of the centre and appropriate action in due course.

(i) Workshop Organisation

The workshops would be organised on lines similar to those of the vocational assessment and preparation centre described in Chapter 4 except that:

- an initial allocation section would not be necessary since its functions would have been dealt with before the trainee was accepted; and

- the machinery would have to be adequate to give proper trade training and should, as far as possible, be of the same type as that used in industry in the country.

The centre manager or the works manager would welcome the trainees, explain the functions, methods, rules, etc. of the centre and subsequently introduce them to their own particular supervisors.

(j) Case Conferences

Since the team in a vocational training centre consists solely of the centre manager, the workshop manager and the instructors, it would not be necessary to carry out the procedure described in Chapter 6.

Instructors' reports and personal observation would form the basis for discussions on the progress of individual trainees and, where progress was not considered satisfactory, the centre manager would have to decide whether a change of trade should be suggested or training terminated in cases where it had become apparent that the trainee would be unable to absorb any available training or for disciplinary reasons.

(k) Placement

The placement officer's work would follow the general lines described in Chapter 3, 5(f), his precise duties being dependent on whether or not there was a government employment service in existence.

APPENDIX 1

VOCATIONAL ASSESSMENT AND WORK PREPARATION CENTRE

APPLICATION FOR ADMISSION

Full Name: ..... Sex: .... Age: ... Marital State: .....
(Block letters)

Address:

Nature of Disability (give full details):

Approximate Date of Disablement:

How Disablement was caused:

Education (state where, how long, certificates obtained):

Training for Employment (give details of courses and dates):

Work History (state exact nature of work): From To

Name and Address of Regular Doctor (if any):

If Receiving Medical Treatment (state where):

* I enclose medical certificate.

I apply for admission to the Vocational Assessment and Work Preparation Centre, ..., and undertake, if admitted, to attend regularly and obey the rules of the Centre.

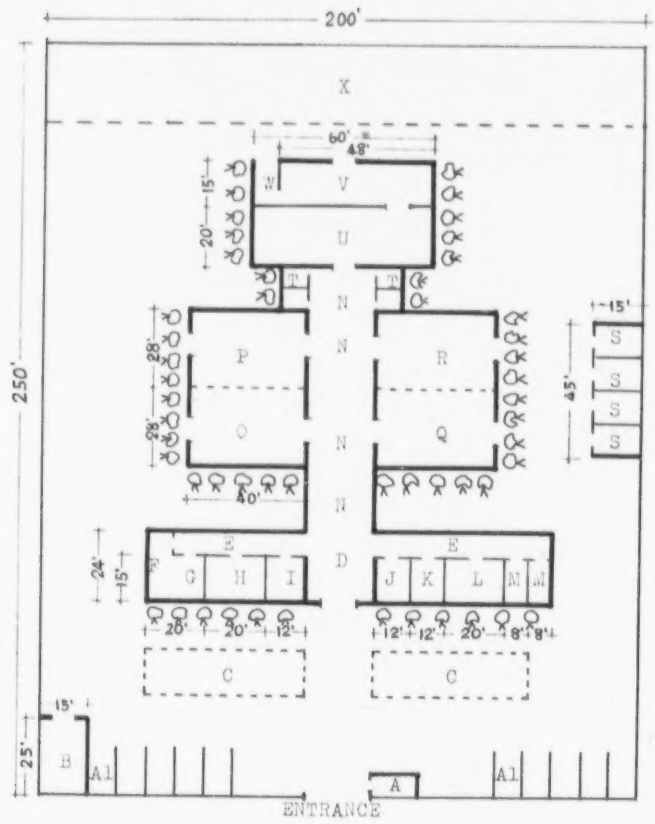
Date: ..... Signature: .....

(or completed on behalf of applicant by): .....

* Cross out if certificate not available

APPENDIX 2

OUTLINE SKETCH OF A VOCATIONAL ASSESSMENT AND WORK PREPARATION CENTRE FOR 40-60 DISABLED PERSONS



Appendix 2 continued

A. Enquiry Office
A.1. Car Parks
B. Garage (if required)
C. Flower and Shrub Beds
D. Reception Area
E. Corridor
F. Case Conference Room
G. Centre Manager
H. General Office and Typist
I. Rest Room (Staff)
J. Social Worker
K. Placement Officer
L. Medical Room
M. Staff Toilets
N. Covered Passage
O. Woodwork
P. Engineering
Q. Bench and Assembly Work
R. Educational, Clerical
S. Stores (incl. Cleaners)
T. Rehabilitees' Toilets
U. Canteen
V. Kitchen
W. Food Store
X. Gardening, Agricultural and Outdoor Work

Notes: ~~~~~~ - Trees (for shade) and grass where desired.

O.P.Q.R.S. - Partitions between should be light construction to facilitate adjustments.

T - Toilets will require adjustment if wheelchair cases are admitted.

Doors - All doors should open outwards; emergency exits provided in O.P.Q. and R.

N - Section between E. and O.Q. should be covered but need not have side walls.

APPENDIX 3

SUGGESTED PLAN OF A "100 PLACE" INDUSTRIAL REHABILITATION UNIT

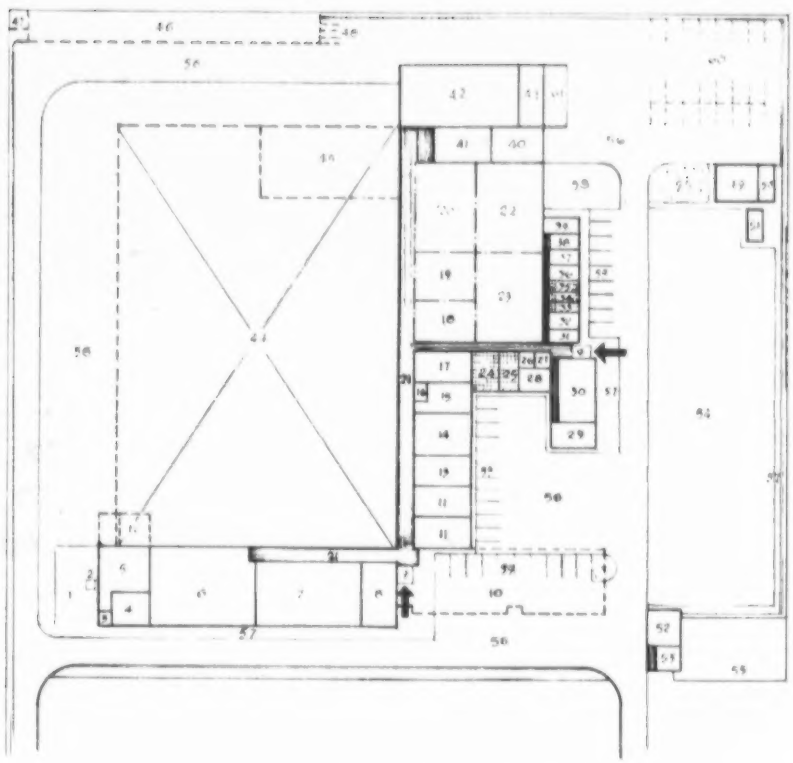
(With provision for the addition of a Vocational Training Centre)

Key to Plan

1. Yard
2. Free Standing Flue
3. Supply Meter Room
4. Oil Store
5. Boiler Room
6. Rehabilitees' Dining Hall
7. Kitchen
8. Staff Dining Room
9. Ramp
10. Future Vocational Training Centre (VTC) Administration Block
11. Lecture Room
12. Proposed Sub. Station and Switch Room
13. Education Room (VTC)
14. Medical Room
15. Education Room (Rehabilitation)
16. Education Office
17. Allocation Section
18. Light Engineering and Miscellaneous Section
19. Bench Engineering Section
20. Machine Operating Section
21. Corridor
22. Clerical Section
23. Woodwork Section
24. Toilets - Male
25. Toilets - Female
26. Cleaners' Store
27. Stationery Store
28. Workshop Instructors Rest Room
29. Conference Room
30. Testing Room
31. Reception and Typists
32. Centre Manager
33. Toilets
34. Female Toilets
35. Male Toilets
36. Social Worker
37. Centre Placement Officer
38. Psychologist
39. Workshop Manager
40. Oil and Paint Store
41. Finished Products Store
42. Main Store
43. Steel Store
44. Future VTC Workshop
45. VTC Workshops Extension
46. Future VTC Outdoor Store
47. Incinerator
48. Scrap Bins
49. Garage
50. Garden Store
51. Greenhouse
52. Clocking Station
53. Timekeeper's Office
54. Garden
55. Grassed Area
56. Tarmac Road
57. Concrete Slab Paving
58. Concrete Finish
59. Car Park
60. Future Car Park
61. Cycle Shed

(Based on plans provided by the Ministry of Public Buildings and Works, London, S.E.1.).

Appendix 3 continued



SCALE~1 M/M = 1M. ($\frac{1}{1000}$)

INDUSTRIAL REHABILITATION UNIT (100 PLACES)

WITH PROVISION FOR THE ADDITION OF A TRAINING CENTRE

MINISTRY OF LABOUR
DEVELOPMENT BUDGET PROPOSALS

APPENDIX 4

Item 7: Establishment of a Vocational Assessment and Work Preparation Centre at "X"

Item	Nature of Service	Expenditure to be incurred (£) in					Remarks
		1970	1971	1972	1973	1974	
1	Land	-	-	-	-	-	Proposed site on government land; allocation agreed.
2	Buildings	12 000	-	-	-	-	Buildings to be completed in 1970. Private contractor's price; PWD estimate £14 000.
3	Assessment workshop machinery and equipment (including transport and installation)	1 500	2 000	-	-	-	Equipping centre will start in 1970 and be completed by May 1971.
4	Furniture and office equipment	450	550	-	-	-	Office furniture will be installed partly in 1970 and completed by February 1971.
5	Gas, water and electricity	550	250	250	250	250	Charge for 1970 includes £300 for connecting water and electricity
6	Raw materials	-	*1 000	2 000	2 000	2 000	*Expected that centre will operate from 1 July 1971
7	Allowances to rehabilitees	-	6 500	13 000	13 000	13 000	Operation expected to commence 1 July 1971. 200 rehabilitees per annum; allowance 10/- per day; 5 day week; 130 days 1971, 260 days thereafter.

MINISTRY OF LABOUR
DEVELOPMENT BUDGET PROPOSALS

APPENDIX 4 continued

Item 7: Establishment of a Vocational Assessment and Work Preparation Centre at "X"

Item	Nature of Service	Expenditure to be incurred (£) in					Remarks
		1970	1971	1972	1973	1974	
8	Transport Expenses (staff and rehabilitees)	-	250	500	500	500	Estimated figure; actual expenditure will depend on amount of travelling involved.
9	Miscellaneous office expenses	-	400	600	600	600	Estimated cost of cleaning and office materials for which a charge is made.
10	Staff salaries and wages	900	6 950	9 200	9 200	9 200	Centre manager will be engaged when building starts in April 1970; other staff as in schedule attached to explanatory memorandum.
	Grand Total	15 400	17 900	25 550	25 550	25 550	

*There may be some set-off against expenditure when manufactured articles are sold. No estimate can be given for this until operations are well established.

APPENDIX 5

CONFIDENTIAL

MEDICAL REPORT

(Please read Notes in Part IV)

PART I - GENERAL

Name: ..... Sex: ..... Age: .....

Address: .....

Normal Occupation: .....

Diagnosis (main disability): .....
.....

Etiology and date of onset: .....

Characteristics: Temporary: ... Permanent: ... Improving: ....

(" " Appropriate items) Stable: ... Progressive: ... Recurrent: ..

Secondary disability (if any): .....
.....

Can functioning be improved by treatment or prosthetic appliances?) .....
.....

Working places, conditions and environments to be avoided:) .....
.....

PART II - FUNCTIONAL ASSESSMENT

Indica[illegible]ility with " "; disability in words, e.g. "moderate", "weak", "[illegible]or", "nil" etc.; please avoid percentages and see notes overleaf.

Use of Upper Limbs

	R	L
Shoulders		
Arms		
Hands		
Fingers		
Touch		

Use of Lower Limbs

Walking	
Standing	
Sitting only	
Balancing	
Climbing	

Ability to:

Kneel	
Stoop or bend	
Push and pull	
Lift and carry	
Travel to work	

Kind of Work:	Physical Effort		Work Tolerance		
	Much	Little	Full-time	Part-time	Shift-work

Hearing and Vision	Hearing			Vision		
	R	L	Both	R	L	Both

PART III - REMARKS AND GENERAL APPRAISAL
(See Note 9 before completing)

Date: ..... Medical Officer: .....

Name and Address of Hospital (if appropriate) .....

.....

PART IV - NOTES ON COMPLETION OF THIS FORM

The purpose of this report is to express residual capacity for work in terms which can be readily understood by lay persons using it in the resettlement of disabled persons.

NOTES

1. Use of Hands. Seizing, holding, grasping, turning or otherwise working with a whole hand or arm, e.g. as in using hand tools by a joiner, cutting with scissors, operating wheel valves on pipes.

2. Use of Fingers. Picking, pinching, gripping between thumb and fingers, or otherwise working with the fingers, and not the whole hand or arm, e.g., as done by typist, assembler of small parts.

3. Balancing. Maintaining position in working attitude, whether sitting (as for sewing machine), or standing or bending forward without holding on or being held (as for carpenter, turner).

4. Ability to Push and Pull. Exerting sustained force, as in pushing or pulling trucks, cars, levers, etc. (as for metal machinist, porter, packer).

5. Lifting and Carrying. e.g. as for waiter, storekeeper.

6. Travel to Work. By public conveyance, under rush hour conditions.

7. Hearing. Partial deafness can be indicated, e.g. by "hears voice at ..... feet (L)".

8. Vision. (Corrected if glasses are worn). The following is suggested:
   Good = not less than 6/9 (Snellen);
   Moderate = less than 6/9 and more than 6/24;
   Bad = less than 6/24

9. Remarks and General Appraisal. These are intended to cover nature of the disablement, general effect on function, mental state, attitude to work or rehabilitation. For respiratory, tuberculosis, epileptics and psychiatric cases please complete special form.

CONFIDENTIAL

APPENDIX 4

MEDICAL REPORT - RESPIRATORY T.B. CASE

PART I

Name: ..... Sex: ..... Age: .....

Address: .....

Is the disease active or quiescent? .....

Is the disease infectious or non-infectious? .....

Does the patient observe the normal rules of T.B. hygiene? .....

.....

How frequently has he to attend the clinic for checks? .....

.....

Does he attend the clinic as required? .....

Is the patient capable of ordinary travel, including rush-hour? .....

.....

Is full-time or part-time work recommended? (Please state number of hours per day) .....

If part-time work only, is this for long-term or short-term? .....

.....

What kinds and conditions of work should be avoided? .....

.....

PART II

General Remarks and Appraisal

(Please give prognosis and any further relevant information on the nature of the disablement and on the general effect on functions.)

Date: ..... Signature of Chest Physician: .....

Name and Address of Hospital or Clinic: .....

.....

CONFIDENTIAL

APPENDIX I

MEDICAL REPORT - EPILEPTIC CASE
(Please read Notes in Part III)

PART I

Name: ..... Sex: ..... Age: .....
Address: .....
Diagnosis (See Note 1): .....
.....
Etiology and date of onset: .....
Frequency, timing and duration of attacks: .....
.....
Nature of pre-attack warning (Note 2): .....
.....
Nature of after attack effects (Note 3): .....
.....
Are attacks under control with medication? (Note 4): .....
.....
Is intelligence average, below average or above average? (Note 5): ..
.....
Secondary disability (Note 6): .....
.....
Kinds of work to be avoided (Note 7): .....
.....
Outstanding psychological factors: .....

PART II

General Remarks and Appraisal

Date: ..... Signature: .....
Address of Hospital or Clinic (if appropriate): .....
.....

(PTO)

PART III - NOTES

1. Diagnosis - please indicate whether grand mal, petit mal, jacksonian or other type of epilepsy.

2. Please indicate nature of any pre-attack warning, e.g. headache, feeling of tiredness, buzzing in ears, etc.

3. Please detail any after effects of the attack, e.g. severe headache, tiredness, somnolence, etc., and how long this stage lasts.

4. State whether any medical treatment is given (medication and dosage) and whether he takes treatment as directed.

5. Please state whether any mental deterioration has resulted.

6. If he has any physical disability in addition please complete general medical report also.

7. Indicate working hazards which must be avoided, e.g. moving machinery, heating or electrical apparatus, work at a height or where there is risk of falling into fire or water, work with or near easily breakable material (glass or china etc.), etc.

CONFIDENTIAL

APPENDIX 8

MEDICAL REPORT - PSYCHIATRIC CASE
(Please read Notes in Part IV)

PART I

Name M: ..... Sex: ..... Age: .....
Address: .....
Main psychiatric disablement: .....
If there is any known physical disablement please have a general medical report completed also.
Is the person now fit for (a) normal work or (b) other suitable work? .....
Is there a reasonable chance that the person would benefit from a course at a vocational assessment and work preparation centre? (See Note 1) .....
Capacity (See Note 2)
Is intelligence average/above average/below average? .....
Can he remember and carry out simple instructions from day to day? ..
Can he concentrate? .....

PART II

Employment Factors
Is the person willing to work? .....
What sort of work should he avoid? (See Note 3) .....
Is he fit for employment involving regular hours of work - full-time/part-time/shift-work? (See Note 4) .....
What job has he had in the hospital (See Note 5) .....
How does he get on with persons in authority? .....
.....
Is there anything in his manner or appearance likely to single him out? .....
Should he work with a small or large group of people or should he work alone? .....
Is he likely to take a long time to settle down in new surroundings?
.....

PART III

Social Factors

Can he travel by public transport? .....

Is he capable of living in lodgings or a hostel? .....

Is he likely to distress or disturt others with whom he is accommodated? .....

General Remarks and Appraisal (please see Note 6 before completing)

Date ..... Doctor's Signature .....

Name and Address of Hospital or Clinic .....

.....

PART IV - NOTES ON COMPLETION OF THIS FORM

The purpose of this form is to express residual capacity for work in terms which can be readily understood by lay persons using it in the resettlement of disabled persons.

NOTES

1. Assessment and work preparation courses (which may be residential or non-residential) are designed to restore employment confidence and capacity and to give vocational guidance where necessary.

2. Capacity. It would be helpful to have a reply to these questions even if no special tests have been carried out.

3. Employment factors. Please indicate types of work to be avoided, e.g. responsible work, work at heights, etc.

4. Part-time work. Please indicate the number of hours a day.

5. Work in hospital. This should include occupational therapy, hospital utility or contract work, etc.

6. General remarks. These remarks should give any further relevant information on the nature of the disablement, and on the general effect on functions. They should also contain a prognosis, e.g., (a) whether a mentally ill patient is likely to recover completely or whether detericration or a relapse is likely; (b) whether a mentally subnormal person is likely to be able to live an independent life in the community. This space should also be used as required for detailed comments on any individual questions.

APPENDIX 9

SPECIMEN QUESTIONNAIRE FOR USE BY PSYCHOLOGISTS

1. When constructing questionnaires, the following points should be borne in mind:

(1) The layout and design should be easy to follow.

(2) The instructions should be clear and simple.

(3) The questions should be unambiguous and specific. (It would follow, for example, that it would be better for the psychologist to classify the type of schooling received, rather than simply to ask the individual for a statement.)

(4) Items dealing with interests or job preferences (as in questions 3 and 5 below) may result in overstatements and the answers will need checking, by interview or otherwise.

(5) Emotional terms or items involving questions of right and wrong should be avoided.

2. A trial run of a new questionnaire is essential to reveal weaknesses or the need for clearer definition. For example, an item "reading" might need to be broken down into reading of newspapers, magazines and books. Some items which are rarely ticked may nevertheless be worth retaining; e.g. an item "acting" might be very illuminating whenever it was ticked.

3. The back of the questionnaire might be used for extra space for the person to express himself - on, for instance, "What were your first impressions of this centre?" or "What kind of job do you think would suit you, and why?". If so, a margin could be left at one side of the front page for interview notes. Alternatively, the back might be used as an interview record, and space given for the psychologist to note test results.

4. In presenting the questionnaire, the psychologist should run through the different sections of it with the group, emphasising that its usefulness depends on their filling it in as accurately as they are able. Ample time should be allowed for them to complete it.

5. A specimen questionnaire is given below.

Vocational Assessment and Work Preparation Centre

1 Surname

First name(s)

Age

Centre number

Date

---

2 Name of last school

Town

How many different schools did you attend?

At what age did you leave school?

What grade were you in?

What was the top grade?

Have you had any training since you left school or evening classes or other courses?

If so, what?

Have you served an apprenticeship or part of one?

If so, what?

---

3 Name BRIEFLY the different kinds of job you have done or tried since leaving school, and put an "X" against any job you cannot now do because of your disability.

Which did you like best?

Which did you like least?

Have you ever been in charge of other people?

If so, how?

---

4 Do you do any of there things in your spare time? Tick the ones that you do.

Playing music	Entertaining other people
Cooking	Going to the cinema
Mechanical repairs	Making models
Radio repairs	Dancing
Woodwork	Needlework
Electrical repairs	Listening to dance music
Reading books	Gardening
Any other hobbies	

---

5 Have you ever had a job in which you have had to do any of these things? Tick any you have done.

Bench fitting (metal)	Using machine tools
Motor driving	Electrical repairs
Engine fitting	Electrical wiring
Running repairs	Radio repairs
Reading blueprints	Technical drawings
Using micrometer or vernier	Woodwork
	Building repairs

---

6 What would you like to do when your course here is completed?

APPENDIX 10

Centre
File No. .....

Report No. .....
Date .....

Vocational Assessment and Work Preparation Centre
Workshop Instructor's Report to Case Conference

for period ..... to .....

Name: ..... Sex: ..... Age: .....

(i) Occupation in which being tested.)

(ii) Date commenced in occupation above.

(iii) Describe work done, machines operated, articles produced, etc.

(iv) Assessment of working ability: (see notes overleaf before completing and indicate appropriate column with tick)

	Very Good	Good	Average	Below Average	Very Poor
Manual dexterity					
General working attitude					
Working behaviour					
Reliability					
Trainability					
Ability to overcome disability					
Working speed					

(v) Time keeping: Good/Fair/Poor. Number of days absent: Reasons for absence:

(vi) Is transfer to another occupation recommended, if so, to what occupation?

(vii) General comments (see note overleaf):

Signature: ..... Date: ..... (P.T.O.)

Notes on Completion

(1) Separate form, serially numbered, should be prepared for each report.

(2) Assessment of Working Ability

Manual dexterity: Good or is he clumsy and awkward?

General working attitude: Conscientious or does he waste time? Does he take a pride in his work or is he slap-dash?

Working behaviour: Has he a good attitude to supervisors or does he resent workshop discipline: does he get on well with others or doesn't he fit in easily?

Reliability: Can he be relied on or does he need constant supervision?

Trainability: Does he pick up instructions quickly or must he be given very simple instructions?

Ability to overcome disability: Is he well adjusted to his disability or preoccupied by it?

Working speed: Is he a very quick worker or is his speed well below industrial standards?

(3) General Comments: Describe person briefly; mention any skills or aptitudes he has demonstrated; state whether progress is satisfactory and express opinion on employment prospects and appropriate occupation.

Centre File No. .....

APPENDIX 11

Vocational Assessment and Work Preparation Centre
Centre Doctor's Report to Case Conference

Name:..... Sex:..... Age:.....Med.Code Lr.....

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1. Initial Interview

(i) Is information on the medical certificate or report complete, adequate and correct? Yes/No

(ii) If not, give comments:

(iii) Is any further medical treatment or appliance necessary (give details)?

(iv) If restrictions on working hours desirable give details and probable duration:

(v) Preliminary suggestions about most suitable types of work:

(vi) General Comments (if any):

Signature: ..... Date: .....

(P.T.O.)

II. Interim Reviews

(Note any additional information bearing on the case which has emerged during attendance; initial and date entry):

III. Final Assessment

(Give details of final conclusions on condition, prognosis, most suitable types of work and any other relevant facts):

Signature: ..... Date: .....

Centre File No. .....

APPENDIX 12

Vocational Assessment and Work Preparation Centre
Psychologist's Report to Case Conference

Name: ..... Sex: ..... Age: .....

I. Initial Report

(i) Level of education:

- Highest standard of education reached

  .....

  .....

- Reading and writing abilities

  .....

  .....

- Language difficulties (if any)

  .....

  .....

(ii) Results of intelligence tests:

(iii) Other psychological tests given and results:

(iv) Occupational interests:

(v) Attitude towards employment:

(vi) Preliminary assessment of capabilities:

Signature: ..... Date: .....

II. Subsequent Reports

(Note any additional information obtained as the result of subsequent observation and psychological tests, etc.)

III. Final Report

(Give details of psychological implications which may affect the successful resettlement of the case in employment and society.)

Signature: ..... Date: .....

APPENDIX 13

Vocational Assessment and Work Preparation Centre, ...
Centre Social Worker's Report to Case Conference

Centre File No. .....

Name: ..... Sex: ..... Age: .....

Address:

I. Initial Report

(i) Details of family and family income:

(ii) Home circumstances which have a bearing on resettlement:

(iii) Personal, social and transport problems:

(iv) Help given (or to be given) to solve these problems:

(v) Other interested agencies (if any):

(vi) Level of education:

(vii) Attitude towards employment (past and future):

(viii) Wishes regarding future training/employment:

(ix) Are these consistent with work record and education background?:

(x) General comments (if any):

Signature: ..... Date: ..... (PTO)

Notes on Completion

Items (vi)-(ix) may be omitted if the report from a psychologist (see Appendix 12) is available.

II. Second and Subsequent Reports
(Give details of any change on circumstances, action taken to alleviate problems and result, social problems arising in the centre, etc., initial and date entry).

III. Final Assessment Report
(Give details of any problems still affecting resettlement, attitude to work and disability, reactions to and relations with staff and other disabled persons; give views on most suitable kind of employment, etc.)

Signature: ..... Date: .....

APPENDIX 14

Centre
File No. .....

Vocational Assessment and Work Preparation Centre, ...
Centre Placement Officer's Report to Case Conference

Name: ..... Sex: ..... Age: .....

Address:

I. * Initial Report

(i) Is information in the centre about education, training, working record, hobbies, interests, etc. complete, adequate and correct? Yes/No.

(ii) If not, give additional details:

(iii) Attitude to disability:

(iv) Give preliminary assessment of types of occupations and working conditions likely to be suitable for him:

(v) General comments (including vocational training and/or placing prospects):

Signature: ..... Date: .....

(PTO)

II. Second and Subsequent Reports
(Give details of any developments during attendence having a bearing on resettlement, any action taken in home area on placing prospects, etc.)

III. Final Assessment Report
(Give final conclusions on occupations and working conditions most suitable for him, training and/or placing prospects in those occupations and action taken to find suitable training place or job).

Signature: ..... Date: .....

APPENDIX 15

Centre
File No. .....

Vocational, Assessment and Work Preparation Centre, ...
Report and Recommendations of the Final Case Conference

Name: ..... Sex: ..... Age: .....

Address: .....

.....

Report Headings	
1. First impressions and physical make-up (including any work environment to be avoided).	
2. Social background and responsibilities.	
3. Attainments: educational and occupational.	
4. Intelligence and abilities (including workshop performance).	
5. Adjustment and disposition.	
6. Motivation and own hopes.	
Date course to end:	Recommendations (type of employment of further training with alternatives and examples of likely jobs etc.)
	Centre Manager:.....Date:.....